

CITY OF FORT SMITH
5% SUPPLEMENTAL TAX
FOR THE MONTH OF

BUSINESS NAMES: _____

ACCOUNT NO. _____

MAIL WITH PLANNING DEPARTMENT
PAYMENT TO: PO BOX 1908, FT SMITH, AR 72902

GROSS RECEIPTS \$ _____

TAX – 5% OF LINE 1 _____

PENALTY – 25% X LINE 2 - _____

TOTAL REMITTANCE \$ _____

1. 5% SUPPLEMENTAL TAX IS ON **ALL** ALCOHOL.
(INCLUDES BEER, WINE, & MIXED DRINKS)
2. TAX IS FIGURED ON **GROSS RECEIPTS BEFORE ANY**
ADJUSTMENTS.
3. TAX IS DUE BY THE 20TH OF THE FOLLOWING
MONTH. POSTMARKED THE 20TH WILL BE ACCEPTED.
4. A 25% PENALTY IS ASSESSED ON ALL PAYMENTS
AFTER THE 20TH (EXCLUDING POSTMARKED 20TH).
5. PENALTIES MUST BE INCLUDED IF PAYING LATE.
6. DELINQUENT TAXES PAST 30 DAYS AND/OR FAILURE
TO PAY PENALTIES ARE SUBJECT TO PROSECUTION
AND NOTIFICAITON TO THE ABC BOARD.

I DECLARE, UNDER PENALTY OF PERJURY, THAT THIS RETURN HAS
BEEN EXAMINE BY ME AND TO THE BEST OF MY KNOWLEDGE AND
BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN.

Date

OWNER, PARTNER OR CORP. OFFICER