



This Report Must Be Received / Postmarked On or Before the 20<sup>th</sup> day of Month  
**SUPPLEMENTAL BEVERAGE TAX MONTHLY REPORT**  
**PRIVATE CLUB**

Required by Benton Ordinance Number 3 of 2015

**RETURN THIS COPY ONLY FOR PROPER CREDIT**

For the Month \_\_\_\_\_  
 Or For Months of \_\_\_\_\_  
 Business Phone # \_\_\_\_\_  
 Business EIN \_\_\_\_\_  
 Owner's Name \_\_\_\_\_  
 E-Mail address \_\_\_\_\_  
 Owner's Home Address \_\_\_\_\_  
 Business Address \_\_\_\_\_

**NOTICE**  
**Make Check Payable to:**  
City of Benton  
  
**Mail To:**  
 City of Benton Finance Office  
 P. O. Box 607  
 Benton, AR 72018-0607

1. Gross Receipts from Alcoholic Beverage Sales \$ \_\_\_\_\_  
 (Total of cash receipts and credit sales)

**ATTACH REMITTANCE HERE**

**NOTICE**  
 Total Taxable Receipts Shown  
 On this Report Must Agree  
 With Total Amount Reported  
 To State Revenue Commissioner  
 \_\_\_\_\_  
 Amount Reported to State Revenue  
 Commissioner \$ \_\_\_\_\_  
 \_\_\_\_\_  
 Attach Remittance  
 (Check, Draft or Money Order)  
 Secure Before Mailing  
**DO NOT MAIL CASH OR STAMPS**

2. Tax Due (Line 1 x 5%) \$ \_\_\_\_\_  
 3. Penalty After the 20<sup>th</sup> (12.5% of Line 2) \$ \_\_\_\_\_  
 4. Total Remittance \$ \_\_\_\_\_

**NOTE: REMITTANCE MUST BE BY SEPARATE CHECK**

"I hereby state, avow and affirm that the statements contained herein are full, true, and correct, as required by the provisions of Ordinance 3 of 2015."

Date this report prepared \_\_\_\_\_  
 \_\_\_\_\_  
 (Name of Business)  
 \_\_\_\_\_

**OFFICE USE ONLY**  
 \_\_\_\_\_  
 Acct. # \_\_\_\_\_  
 Receipt # \_\_\_\_\_  
 Date Rec. \_\_\_\_\_

Must be signed by owner, officer or authorized agent