

# City of Conway Arkansas

## Supplemental Beverage Monthly Reporting Form PRIVATE CLUBS - ON PREMISES CONSUMPTION 5% Supplemental Beverage Tax

Reporting Month/Year:
Name:
Address:
City/State/Zip:
ABC Permit type/Permit number/s:

**DUE BY THE 20<sup>TH</sup> OF EACH MONTH  
FOR THE PRECEEDING MONTH**

<b>1. Total Gross Receipts on ALL alcoholic beverages</b>	<b>\$</b>
<b>2. Tax (5% of gross)</b>	<b>\$</b>
<b>3. Penalty = 10% of Line 2</b> <b>**Penalty is due if paid after the 2<sup>nd</sup> day of the following month.</b>	<b>\$</b>
<b>4. Total Remittance</b>	<b>\$</b>

**\*\*Make checks payable to the CITY OF CONWAY\*\***

**Note: Must attach a copy of State supplemental tax return for the same reporting period**

I declare, under penalty of perjury, that this return has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

**Make checks payable to the CITY OF CONWAY**

Include with payment, this report, and a copy of your State supplemental tax return. For questions regarding preparation, please call Lisa Stephens CPA at (501) 327-2834

**Hand Deliver:**

**Centennial Bank – Main Office**  
**620 Chestnut**  
**Conway, AR 72032**

**Mail to:**

**City of Conway-Beverage**  
**Tax PO Box 2441**  
**Conway, AR 72033**