



City of Conway Arkansas

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

Reporting Month/Year: _____, 20_____

Business Name: _____

Address: _____

City: _____, State: _____ Zip Code: _____

ABC License Number: _____

DUE BY THE 20TH OF EACH MONTH FOR THE PRECEDING MONTH

1. Total Gross Receipts on ALL alcoholic beverages \$ _____

2. Tax (5% of gross) \$ _____

3. Penalty – 10% of Line 2 \$ _____

(Penalty is due if paid after the 2nd day of the following month)

4. Total Remittance \$ _____

****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

With payment, please include this report, and a copy of your State supplemental tax return
For Questions, please call (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