



**PRICE SCHEDULE FOR SALES OF ALCOHOLIC BEVERAGES
FOR CONSUMPTION ON THE PREMISES**

FIRM REPORTING _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EFFECTIVE DATE _____ PAGE _____ OF _____

INFORMATION TO BE PROVIDED MUST BE ACCURATE. THIS INFORMATION WILL BE USED BY THE DEPARTMENT OF REVENUE TO VERIFY REPORTED GROSS SALES FOR TAX AUDIT PURPOSES.

NAME OF MIXED DRINK OR WINE	Quantity of Alcoholic Beverage Per Drink or Container In Ounces	Regular Sales Price Including Liquor By The Drink Tax and Sales Tax	SPECIAL SALES PRICES (List Days & Times)		
			Happy Hour Day(s) _____ Time(s) _____	Other Day(s) _____ Time(s) _____	Other Day(s) _____ Time(s) _____
Bar Brands					
Call Brands					
Premium					
Super Premium					
Cordials (Liqueurs)					
House Wine (Glass)					
House Wine (Bottle)					
Champagne (Glass)					
Champagne (Bottle)					

Information contained in this price schedule will be used by the Department of Revenue to verify reported gross sales through purchase markup audit. Purchase markup audit procedures are described in the Records Reports memorandum enclosed with this form.

Under penalties of perjury, I declare that I have read and understood this report and that to the best of my knowledge and belief, the information provided herein is true, correct and complete.

This report must be filed upon entering business and when-ever prices or amount of pour changes. Drinks and wine should be categorized by price and quantity of alcoholic content. If the above categories do not account for a majority of sales, use additional lines or attach additional sheets.	(REPORT MUST BE SIGNED)	
	SIGN HERE _____	SIGNATURE OF PERSON SUBMITTING THIS REPORT
	TITLE _____	CORPORATE OFFICER, AGENT ETC. _____ DATE _____