

**City of Harrison  
PRIVATE CLUB  
ON PREMISES CONSUMPTION  
Supplemental Beverage Tax**

Supplemental beverage taxes are due (postmarked) by the 20th of the month following the reporting month.

For the Month of \_\_\_\_\_ 20\_\_\_\_\_

Establishment Name \_\_\_\_\_

Address \_\_\_\_\_

Prepared by: \_\_\_\_\_ Phone: \_\_\_\_\_

Line 1. Gross Receipts from all Alcoholic Beverage Sales ..... \$ \_\_\_\_\_

Line 2. Harrison Supplemental Beverage Tax Due (5% of Line 1) ..... \$ \_\_\_\_\_

Line 3 Penalty Due for Late Payment (12.5% of Line 2) ..... \$ \_\_\_\_\_

Line 4 Total Remittance ..... \$ \_\_\_\_\_

**Make check payable to City of Harrison and mail with report to:**

City of Harrison  
Attn: Accounting Division  
P.O. Box 1715  
Harrison, AR 72602

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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner, Partner or Corporate Officer

\_\_\_\_\_  
Social Security #

**OVERPAYMENTS OF \$5.00 OR LESS WILL NOT BE REFUNDED**