

CITY OF DECATUR
Multiple Location Reporting
Food and Beverage Tax

Business Name

IBT #

Location Address

Total Gross Receipts
from Food & Beverage

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Total

* \$ _____

***Transfer total to line 1 of the Food and Beverage Tax Return.**

If combining multiple locations on the City of Decatur Food and Beverage Tax Return,
you must also include this form.