

File this report with the Virginia Alcoholic Beverage Control Authority at P.O. Box 3250, Mechanicsville, VA 23116 on or before the tenth (10th) day of each month for the preceding month, and attach check or money order made payable to Virginia ABC for the amount of Tax Due

MALT BEVERAGE WHOLESALER'S TAX REPORT
COMMONWEALTH OF VIRGINIA
ALCOHOLIC BEVERAGE CONTROL AUTHORITY

Report for The Month of _____ A.B.C. Beer License No. _____
Name _____
Trading As _____
Street and Number _____
City or Town and State _____ Zip Code _____

Items	C A S E S											12	13	\$14.00
	1	2	3	4	5	6	7	8	9	10	11			
Container Size	Inventory at beginning of month (actual count)	Quantity Purchased or Received during month Schedule A	TOTAL (Item 2 plus Item 3)	Breakage and/or Spoilage during month	Inventory at end of month (actual count)	TOTAL (Item 4 less Item 5 and Item 6)	Tax Exempt Sales & Military (Schedule B)	Tax Exempt Sales Out of State (Schedule B)	Tax Exempt Sales Wholesaler to Wholesaler (Schedule B)	Net Taxable Quantity Sold during month (Item 7 less Items 8, 9 and 10)	TOTAL Containers per case	Rate of Tax	Amount of Tax Due	
BOTTLES	7 oz		0			0				0	24	.0200	\$0.00	
	7 oz		0			0				0	36	.0200	\$0.00	
	7 oz		0			0				0	48	.0200	\$0.00	
	12 oz		0			0				0	24	.0265	\$0.00	
	16 oz		0			0				0	24	.0355	\$0.00	
	32 oz		0			0				0	12	.0710	\$0.00	
	40 oz		0			0				0	12	.0888	\$0.00	
			0			0				0				\$0.00
			0			0				0				\$0.00
			0			0				0				\$0.00
			0			0				0				\$0.00
			0			0				0				\$0.00
CANS	8 oz		0			0				0	24	.0265	\$0.00	
	10 oz		0			0				0	24	.0265	\$0.00	
	12 oz		0			0				0	24	.0265	\$0.00	
	12 oz		0			0				0	30	.0265	\$0.00	
	16 oz		0			0				0	24	.0355	\$0.00	
	24 oz		0			0				0	12	.0533	\$0.00	
	25 oz		0			0				0	12	.0555	\$0.00	
			0			0				0				\$0.00
			0			0				0				\$0.00
			0			0				0				\$0.00
DRAUGHT	1/4 BBL		0			0				0	1	1.9879	\$0.00	
	1/2 BBL		0			0				0	1	3.9758	\$0.00	
	1 BBL		0			0				0	1	7.9515	\$0.00	
	5.16 Gal		0			0				0	1	1.3235	\$0.00	
	13.2 Gal		0			0				0	1	3.3858	\$0.00	
			0			0				0				\$0.00
		0			0				0				\$0.00	
		0			0				0				\$0.00	
		0			0				0				\$0.00	
		0			0				0				\$0.00	
TOTAL TAX DUE													\$0.00	

I swear (or affirm) that this report has been examined by me and, to the best of my knowledge and belief, is a true and complete report made in good faith for the period as stated, pursuant to the Virginia Alcoholic Beverage Control Act as amended.
(Signature) _____
County/City of _____
Commonwealth/State of _____
Sworn to and subscribed before me this _____ day of _____ 20____
(Notary Public) _____ Commission Expiration Date _____

A.B.C. USE ONLY	FOR CALCULATION OF TAX DUE	
CHK NO.	Total Other Page(s)	
AMT	Total Tax Due	\$ 0.00
PMD	Less 1% Statutory Discount	\$0.00
REC NO.	Net Tax Due	\$0.00
TRAN NO.	Penalty for Late Filing and Payment	
	Interest	
SEQ. NO	Total Tax, Penalty, and Interest Due	\$
PROCESSED BY	Adjustments (+/-)	
	FINAL TAX DUE	\$