

File this report with the Virginia Department of Alcoholic Beverage Control P.O. Box 27491, Richmond, Va. 23261 on or before the tenth (10th) day of each month for the preceding month and attach check or money order payable to Department of Alcoholic Beverage Control for the amount of Tax Due

MALT BEVERAGE TAX REPORT

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL

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

Items	C A S E S											12	13	14	
	1	2	3	4	5	6	7	8	9	10	11				
BOTTLES	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	
	7 oz											24	.0200		
	7 oz											36	.0200		
	7 oz											48	.0200		
	12 oz											24	.0265		
	16 oz											24	.0355		
	32 oz											12	.0710		
	40 oz											12	.0888		
CANS	8 oz											24	.0265		
	10 oz											24	.0265		
	12 oz											24	.0265		
	12 oz											30	.0265		
	16 oz											24	.0355		
	24 oz											12	.0533		
	25 oz											12	.0555		
DRAUGHT	1/4 Bbl											1	1.9875		
	1/2 Bbl											1	3.9750		
	1 Bbl											1	7.9500		
	5.16 Gal											1	1.3210		
	13.2 Gal											1	3.3792		
MALT COOLERS	10 oz											24	.0265		
	355 ml											24	.0265		
	12 oz											24	.0265		
WINE COOLERS (7% OR LESS)	355 ml											24	.0265		
	12 oz											24	.0265		
	2 liter											6	.1352		
												TOTAL TAX DUE			

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 Exiration Date _____

A.B.C. USE ONLY

CHK NO.
AMT
PMD
REC NO.
TRAN NO.
SEQ. NO.
PROCESSED BY

FOR CALCULATION OF TAX DUE

Total Other Page(s)	
Total Tax Due	\$
Less 1 % Statutory Discount	
Net Tax Due	
Penalty for Late Filing and Payment	
Interest	
Total Tax, Penalty, and Interest Due	\$
Adjustments (+/-)	
FINAL TAX DUE	\$

