COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL
RICHMOND

WHOLESALER'S SUMMARY OF WINE SALES AND TAXES

File this report with Virginia Department of Alcoholic Beverage Control, P.O. Box 27491, Richmond, Virginia 23261-7491, accompanied by remittance and the total of such taxes, and markup collected during the preceding month. A report is required to be filed even if you had no sales for the month. This report shall be postmarked no later than the fifteenth of the month or, if the fifteenth is not a business day, the next business day thereafter.

NAME
TRADING as

ADDRESS

CITY or TOWN and STATE

A.B.C. LICENSE NO. _____

REPORT FOR THE MONTH OF

_____ 20____

ITEM	WINE	CIDER
1. Inventory Beginning of Month (Actual Count) Liters		
2. Quantity Received During Month (SCH A)		
3. TOTAL (Item 1 plus Item 2)		
4. Breakage, Leakage, Spoilage, Etc.		
5. State Pickups		
6. Transfers Out (SCH B)		
7. Tax Exempt Liters		
8. TOTAL (Item 4 through 7)		
9. TOTAL (Item 3 less Item 8)		
10. Inventory at End of Month		
11. TOTAL TAXABLE LITERS SOLD DURING MONTH (Item 9 less Item 10)		

FOR CALCULATION OF WINE TAX & CIDER MARKUP

	NET LITERS	RATE	AMOUNT DUE
WINE		.40	
CIDER		.08	
TOTAL SUBMITTED WITH REPORT			

FOR ABC DEPT. USE ONLY

WINE: 12% $_____ $_____ +Cider Markup $_____ Code 03019

WINE: 44% ..... $_____ Code 01054

WINE: 44% ..... $_____ Code 01057

REC. NO. _____ PMD _____ STATUS _____

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 ALCOHOLIC BEVERAGE CONTROL ACT and regulations of the Virginia A.B.C. Board.

Signed _____

Title _____

Date _____

703-40 REV. 7/00

THIS COPY TO BE RETURNED TO VA. A.B.C. BOARD

SCHEDULE A

WHOLESALER'S REPORT
PURCHASES

PURCHASES (List only purchases from suppliers and purchases transfers)

DATE GOODS RECEIVED	PURCHASE ORDER NO.	CONSIGNOR NAME OF WINERY OR WHOLESALER	LOCATION	LITERS

SCHEDULE B

TRANSFERS OUT (To Virginia Wine Wholesalers)

DATE GOODS SHIPPED	PURCHASE ORDER NO.	NAME OF WHOLESALER	LOCATION	LITERS

INVOICE NUMBERS

WINE _____ thru _____

FARM WINE _____ thru _____

CIDER C _____ thru _____

TAX EXEMPT TE _____ thru _____

TAX EXEMPT CIDER TEC _____ thru _____

TOTAL FW WINE SOLD TO RETAIL LICENSEES _____

INVOICE NO. FROM PREVIOUS MONTH	LIST BELOW INVOICE NUMBERS EXECUTED BUT NOT DELIVERED		
	WINE	CIDER	TAX EXEMPT