

Virginia Alcoholic Beverage Control Authority

Chief Executive Officer

Travis G. Hill



Chairman  
Jeffrey Painter  
Board of Directors  
Maria J.K. Everett  
Beth Hungate-Noland  
Mark Rubin

**TO: ALL APPROVED VIRGINIA ABC COMMON CARRIERS**  
**RE: MONTHLY REPORTING**

All approved Virginia ABC Common Carriers are required to file a monthly report on forms prescribed by the Agency. The report is to be filed with the Virginia Alcoholic Beverage Control Authority.

Attention: Tax Management Section, P. O. Box 27491, Richmond, Virginia 23261-7491, along with a signed copy of all invoices delivered to recipients in Virginia during the preceding 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. ABC Common Carriers shall report the quantities of wine and/or beer delivered into or within the Commonwealth. Such report shall also include the name and addresses of the purchasers to whom wine and/or beer was delivered.

Agency approved Common Carriers shall refuse delivery when the proposed recipient appears to be under the age of 21 years and refuses to present valid identification. Enclosed are copies of the monthly tax report forms for your use. This report may be duplicated using the same format. If you wish to make changes to these forms, please contact this office for approval before using.

If you have any questions, please contact this office at (804) 219-2039 or by email at [TaxExaminer@abc.virginia.gov](mailto:TaxExaminer@abc.virginia.gov).

Tax Management Section  
Financial Management Services

Rev. 8/14/18



**PART 1**

**COMMONWEALTH OF VIRGINIA  
VIRGINIA ALCOHOLIC BEVERAGE CONTROL AUTHORITY  
COMMON CARRIER'S REPORT**

File this report with Virginia Alcoholic Beverage Control Authority, P O Box 27491, Richmond, Virginia, 23261-7491, along with a signed copy of all invoices delivered to recipients in Virginia during the preceding 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. Common Carrier No.** \_\_\_\_\_  
**Report for the month of** \_\_\_\_\_  
**Year** \_\_\_\_\_

Date Shipped	Invoice Number	Name	Virginia Resident Shipped To Complete Address	Product Type W/ B/ C	Wine or Cider			Beer			Shipper's License No.	Shipper's Name
					No. of Bottles	Size in Liters	Total Liters	No. of Bottles	Bottle Size	Total Ounces		

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 \_\_\_\_\_  
 Date \_\_\_\_\_

