

Chair Maria J. K. Everett

Vice Chair Beth G. Hungate-Noland

> Board of Directors William D. Euille Gregory F. Holland Mark E. 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 Authority. The report is to be filed with the Virginia Alcoholic Beverage Control Authority.

Attention: Tax Management Section, P. O. Box 3250, Mechanicsville, Virginia 23116-9998, 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.

Authority 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@virginiaabc.com

Tax Management Section Enforcement

Rev. 6/13/22



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

File this report with Virginia Alcoholic Beverage Control Authority, P O Box 3250, Mechanicsville, Virginia, 23116-9998, 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.			Address City or Town and State			A.B.C. Common Carrier No Report for the month of Year						
		Virgini Name	ia Resident Shipped To Compete Address		Product Type No. of		Wine or Cider Size in Total		Beer No. of Bottle To		Shipper's License	Shipper's Name
Shipped	Number	Name	Compete Address		Bottles		Liters	Bottles			No.	Name
ompped	Number			WV/ D/ C	Dotties	Liters	Liters	Dotties	5120	Ounces	NO.	
I swear (or aff	firm) that this I	report has been examined by me, and, to the		1		<u> </u>				1	1	
		pelief, is a true and complete report made in	Signed									
	jood faith for the period as stated, pursuant to the ALCOHOLIC BEVERAGE											
SONTIOL AU	NTROL ACT and regulations of the Virginia A.B.C. Board. Date											

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

Report for the month of _____

ABC Common Carrier No._____

		Virginia Resident Shipped To			N	/ine or C	Cider	Beer			
Date	Invoice			Туре							.
Shipped	Number	Name	Street and No. City, State & Zip Code	W/B/C	No. of Bottles	Size In Liters	Total Liters	No. of Bottles	Bottle Size	Total Ounces	Shipper's License No.
				Total Num	umber of Wine Liters		iters		Total No. of Beer Ounces		
				Total Num	ber of Cider Liters						