

File this report with the Virginia Alcoholic Beverage Control Authority at 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 made payable to Virginia ABC for the amount of Tax Due	MALT BEVERAGE WHOLESALER'S TAX REPORT <small>COMMONWEALTH OF VIRGINIA</small> <small>ALCOHOLIC BEVERAGE CONTROL AUTHORITY</small>	Report for The Month of _____ Name _____ Trading As _____ Street and Number _____ City or Town and State _____ Zip Code _____	A.B.C. Beer License No. _____
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Items	C A S E S											12	13	\$14.00
	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			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
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	
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____ _____ <small>(Notary Public) Commission Expiration Date</small>	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	\$	