

RETAIL OFF PREMISE SUMMARY REPORT

File this report with the Virginia Alcoholic Beverage Control Authority at P.O. Box 27491, Richmond, Virginia 23261-7491, accompanied with payment for the total taxes due. Markup is 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.	Trading As Name	ABC LICENSE NO: _____
	Address	REPORT FOR THE MONTH OF
	City, State, Zip	Month: _____ Year: _____

Item	Wine	Cider
Total of Taxable Liters:		

BELOW LIST EACH PURCHASE ORDER BY NUMBER FOR THE MONTH
 Mail your purchase orders with your tax report. The report and purchase orders must be postmarked by the 15th of the month. If the 15th is not a business day, the next business day thereafter.

	List total WINE liters for each Purchase Order	List total CIDER liters for each Purchase Order

	Total of Taxable Liters	RATE	AMOUNT DUE
WINE	0.000	0.40	\$0.00
CIDER	0.000	0.08	\$0.00
TOTAL TAX DUE			\$0.00
TOTAL SUBMITTED WITH REPORT			

WINE: 12% \$ _____	\$	+Cider Markup	\$	Code 030169
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 Virginia A.B.C.

Signed: _____
 Title: _____
 Date: _____