NAME: $\qquad$ LICENSE/PERMIT \# $\qquad$ PERIOD END DATE (MM/YYYY)
$\square$ FOREIGN SUPPLIER
Schedule Type

Page___ of $\qquad$

|  | A | B | C | D | E | F | G | H | I | J | K | L | M | N | 0 | P |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Invoice Number | Date | Carrier | 24/7 | 24/10 | 24/11.2 | 24/12 | 24/16 | 12/32 | 12/25.4 | 1/6 | 1/4 Keg | 1/2 Keg | 50 L Keg | 4/5L | 12/750ML |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 21 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 22 | Total Cases/Ke | eceiv |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 23 | Multiply by Co | sion F |  | 1.313 | 1.875 | 2.100 | 2.250 | 3.000 | 3.000 | 2.381 | 5.167 | 7.750 | 15.500 | 13.210 | 5.284 | 2.378 |
| 24 | Total Gallons | ntain |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 25 | Total Gallons | is Su |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

NAME:

RECEIVED FROM/DELIVERED TO $\qquad$
PERIOD END DATE (MM/YYYY) $\qquad$FOREIGN SUPPLIER

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|  | A | B | C | D | E | F | G | H | I | J | K | L | M | N | 0 | P |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Invoice Number | Date | Carrier |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 16 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 18 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 21 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 22 | Total Cases/K | eceive |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 23 | Multiply by Co | sion Fa |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 24 | Total Gallons | ontain |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 25 | Total Gallons | is Sup |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## MARYLAND FORM 030 SCHEDULE OF BEER ACQUISITIONS/DISPOSITIONS INSTRUCTIONS

Use this schedule for reporting the detailed activity of beer transactions and file it together with the appropriate tax return or monthly report for your license. Include this schedule with form COM/RAD-037 or form COM/RAD or form COM/RAD-324 when preparing your monthly beer reports. The tax return or monthly report and the associated schedules shall be filed and physically received by the Alcohol Tax office by the due dates.

Allotting one COM/RAD 030 for each consignor or consignee, insert the name; indicate whether the reported transactions are received or delivered; insert the license or permit number of consignee or consignor and insert the period end date on lines provided. If Foreign Supplier check the box for Foreign Supplier.

In the upper right corner, label each COM/RAD 030 with the appropriate schedule type as listed below. Only one schedule type may occupy each page., Below the schedule type, on the lines provided, consecutively number the pages within each schedule type.

## FORM 037 Due to the Alcohol Tax office no later than the 10th day of the month following the month which it covers.

Schedule A-1: Acquisitions from Non-Resident Dealer Permit Holders.
Schedule A-2: Acquisitions from Maryland Wholesalers and Manufacturers.
Schedule A-3: Acquisitions from Foreign Suppliers.
Schedule A-4: Acquisitions from Other Sources (Attach explanation).
FORM 324 Due to the Alcohol Tax office no later than the 15th day of the month following the month which it covers.

Schedule ND - Non Resident Dealers
Schedule RD - Resident Dealers
Beer may not be sold for consumption within this state or sold or delivered to the holder of a wholesale or retail license in container sizes of less than 6.33 ounces.

## FORM 376 Due to the Alcohol Tax office no later than the 10th day of the

 month following the month which it covers.Schedule A: Acquisition from contracted Brewer

Schedule D: Disposition of Sales to MD Wholesalers, using a separate page for each Wholesaler list each sale by invoice number and date.

Schedule E: Disposition of Sales to persons outside of Maryland authorized to purchase alcoholic beverages listed by invoice number and date. Place all beer sold to out of state contracting 'brewery on separate Schedule E.

Schedule F: Other non-taxable dispositions, including beer sold to Maryland contracting brewery, list each transaction by invoice number and date.

## Form 030 line instructions

## Column Line

A 1-21 Insert the invoice number for each shipment received or delivered.
$B \quad$ 1-21 Insert the date the shipment was received or delivered.
C 1-21 Insert the Maryland Public Transportation/Individual permit Number of the carrier or other carrier identification as appropriate.

D-P 1-21 Insert the quantity for each package size received or delivered. If your package size is not listed, please use Form 030 page 2 to list quantity and container size for custom packages.

D-P 22 Sum all the quantities for the package size and insert the total cases/kegs per column of each package type.

D-P $23 \quad$ This line is to be used for the appropriate container to gallons conversion factor for each package type. For custom packages enter the appropriate conversion factor.

D-P $24 \quad$ This line is to be used for the calculated gallons by package type.
25 Insert the grand total in gallons of beer received or delivered for this consignee/consignor. Complete only one grand total on line 25 for each consignor or consignee even when multiple sheets are used.

## Contact Information:

Comptroller of Maryland
Revenue Administration Division
Returns Processing
Alcohol Tax Office
PO Box 2999
Annapolis, MD. 21404-2999
Telephone: 410-260-7127 or 800-638-2937
Fax: 410-260-7924

