



193630049

AMENDED REPORT/SCHEDULES

| | | | |
|----------------|--|--|-------------|
| Name | | Federal Employer ID Number (FEIN) | |
| Trade Name | | Period End Date (MM/YYYY) | |
| Street Address | | | |
| City | | State | Zip Code +4 |
| Email Address | | Common Carrier Permit Number CC- | |

**DELIVERY OF DIRECT WINE SHIPMENTS TO CONSUMERS IN MARYLAND
TOTAL NUMBER OF CASES OR BOTTLES OF WINE SHIPPED IN LITERS TO CONSUMERS
DURING REPORT QUARTER**

1. **Size:** **4L** **3L** **1.5L** **750ml** **375ml** **187ml** **100ml** _____
2. # of Cases: _____
3. # of Bottles: _____
4. **Total Liters Shipped by Case or Bottle** 4. _____

I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information and belief.

Signature _____ Title: Owner, Partner or Officer _____

Print Name _____ Date _____

**COMMON CARRIER DIRECT
WINE SHIPMENT REPORT**



193630149

| | |
|------|-----------------------------------|
| Name | Federal Employer ID Number (FEIN) |
|------|-----------------------------------|

| | A Direct Wine Shippers Permit Number | B Name & Address of Direct Wine Shipper | C Date of Shipment | D Name & Address of Consumer Shipped to | E Date of Delivery to Consumer | F Total Liters Shipped |
|----------|---|--|-------------------------------|--|---|---------------------------------------|
| 1 | DW- | | | | | |
| 2 | DW- | | | | | |
| 3 | DW- | | | | | |
| 4 | DW- | | | | | |
| 5 | DW- | | | | | |
| 6 | DW- | | | | | |
| 7 | DW- | | | | | |
| 8 | DW- | | | | | |
| 9 | DW- | | | | | |

This report shall be properly filed and physically received by the Alcohol Tax Office no later than the 21st day of the quarter following the quarter in which wine was shipped to consumers in Maryland.

| Tax Period | Due Date |
|--------------------|-----------------|
| January – March | April 21st |
| April – June | July 21st |
| July – September | October 21st |
| October – December | January 21st |

Page 1 - Delivery of Direct Wine Shipments to Consumers in Maryland

Line

- 1 If a size is not listed on the form, state the size in the blank box and indicate number of cases and bottles shipped
- 2 **Number** of cases of wine shipped to consumers for each size
- 3 **Number** of bottles of wine shipped to consumers for each size
- 4 **Total amount** of all liters of wine shipped by case or bottle (Milliliters must be converted to liters, e.g., 750ml = 0.75 liters)

Page 2 - Each Wine Shipment to Consumers

Column Line

| | | |
|---|-----|---|
| A | 1-8 | Direct Wine Shippers Permit Number |
| B | 1-8 | Direct Wine Shipper’s name and address |
| C | 1-8 | Date of shipment of wine to consumer |
| D | 1-8 | Name and address of consumer shipped to on shipping label |
| E | 1-8 | Date of delivery of wine to consumer |
| F | 1-8 | Total liters of wine shipped to address of consumer |

This report must be signed by the owner, partner, or officer of the corporation. If this is a corporation, an officer (President, Vice President, Secretary or Treasurer) must sign.

Mail report to:

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
Alcohol@marylandtaxes.gov
www.marylandtaxes.gov