Montana Department of REVENUE

MONTANA
WIT-2
New 09-07

Wine Retailer Monthly Report
For Purchases from a Winery Located Outside of Montana

Month Ending		**Year**	
Retailer Name		**License No.**	
Address			
Street	**City**	**State**	**Zip Code**
Phone		**FAX**	

This report is for the preceding month and is due the 15th of each month. All records, invoices and delivery records must be kept for inspection by the Department of Revenue.

Wine Merchandise Purchased					
Invoice Date	**Supplier**	**Supplier License No.**	**Brand**	***Invoice No.**	**Liters**

Total Liters _____

Return to: Montana Department of Revenue
Liquor Control Division
P O Box 1712
Helena, MT 59624-1712

I certify the above is true and correct.

Signed _____

Title _____