



## REGIONAL FORWARDING CENTER

TABC USE ONLY
ENTRY
SUMMARY
SCHEDULES

**Monthly Report of Alcoholic Beverages Received and Transferred  
During the Month/Year of:**

TRADE NAME:	CERTIFICATE NUMBER: FC	
RFC ADDRESS:		
CITY:	ZIP CODE:	PHONE NUMBER:

SUMMARY	GALLONS
1. Inventory, Beginning of Month (Prior Monthly Report, Line 5)	
2. Alcoholic Beverages Received (Schedule A)	
3. Total Gallons (Line 1 + 2)	
4. Alcoholic Beverages Transferred (Schedule B)	
5. Inventory, End of Month (Line 3 - 4)	

**AFFIRMATION, Under penalty of perjury, I swear I am an officer or an authorized representative of the above Licensee, and I have examined this report, and confirm it is true, correct, and complete.**

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Signature Title Date

**INSTRUCTIONS:** Prepare the report in duplicate, mail the original to the T.A.B.C., PO Box 13127, Austin, TX 78711-3127 on or before the 15th of each month, following the month for which the report is made. Retain one copy for your files for a period of four years. As long as your certificate remains active, you must file a report even if no business was conducted. For assistance, please contact the Compliance Department at (512) 206-3342.

**SCHEDULE A - RECEIPTS**

DATE OF RECEIPT	INVOICE NUMBER	POINT OF ORIGIN		GALLONS	CARRIER MAKING DELIVERY	
		TRADE NAME	CITY, STATE		TRADE NAME	PERMIT NO.
<b>TOTAL RECEIPTS</b> (Transfer Total To Line 2 of Summary)						

**SCHEDULE B - TRANSFERS**

DATE OF TRANSFER	INVOICE NUMBER	DESTINATION		GALLONS	CARRIER MAKING DELIVERY	
		TRADE NAME	CITY, STATE		TRADE NAME	PERMIT NO.
<b>TOTAL TRANSFERS</b> (Transfer Total To Line 4 of Summary)						

**NOTE:** If space provided is inadequate, attach supplemental schedule(s)