

Signature

## **DISTILLER'S REPORT**

| FORM C-212 (11/02) |  |
|--------------------|--|
| TABC USE ONLY      |  |
| ENTRY              |  |
| CHECKED            |  |

**Date** 

Monthly Report of Distilled Spirits Manufactured, Bottled, Received and Disposed of During the Month/Year of:

| TRADE NAME: PERMIT NUMBER: D  |                                   |                                |  |
|---|-----------------------------------|--------------------------------|--|
| ADDRESS:  |                                   |                                |  |
| CITY: ZIP CODE:   | PHONE NUMBER:                     |                                |  |
| Summary of Taxes Due  | Distilled Spirits (gallons)       | Miniatures<br>(units)          |  |
| 1. Inventory, Beginning of Month (Line 5 on Prior Monthly Report)   | (94110113)                        | (willto)                       |  |
| Liquor Manufactured (Schedule C)  |                                   |                                |  |
| 3. Liquor Received (Schedule A)   |                                   |                                |  |
| 4. Total (Line 1,2,3)   |                                   |                                |  |
| 5. Inventory, End of Month  |                                   |                                |  |
| 6. Exemptions (Schedule B)  |                                   |                                |  |
| 7. Total (Line 5 + 6)   |                                   |                                |  |
| 8. Merchandise Subject to Tax (Line 4 - 7)  |                                   |                                |  |
| 9. Tax Rate   | \$2.40                            | \$0.05                         |  |
| 10. Amount of Taxes (Line 8 x 9)  |                                   |                                |  |
|   | Г                                 | TABC USE ONLY                  |  |
| 11. GROSS TAXES DUETotal of Line 10)  | \$                                |                                |  |
| 12. LESS 2%(If payment received by due date)  | \$                                |                                |  |
| 13. LESS AUTHORIZED CREDITS   | \$                                |                                |  |
| 14. TAXES DUE STATE   | \$                                |                                |  |
| AFFIRMATION, Under penaltyof perjury,I swearl am an officer or an authorized report, and confirm it is true, correct, and complete. | d representativeof the above Peri | mittee,and I have examinedthis |  |

**Title** 

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

## **LIQUOR RECEIVED - Schedule A**

|           |               |               |       | DISTILLED |            | BULK      |
|-----------|---------------|---------------|-------|-----------|------------|-----------|
| INVOICE   | INVOICE       | VENDOR'S      | CITY  | SPIRITS   | MINIATURES | LIQUOR    |
| DATE      | NUMBER        | TRADENAME     | STATE | (gallons) | (units)    | (gallons) |
|           |               |               |       |           |            |           |
|           |               |               |       |           |            |           |
|           |               |               |       |           |            |           |
|           |               |               |       |           |            |           |
|           |               |               |       |           |            |           |
|           |               |               |       |           |            |           |
|           |               |               |       |           |            |           |
| TOTAL REC | EIVED (To lin | e 3, page 1 ) |       |           |            |           |

<sup>\*</sup> Transfer Total BULK LIQUOR GALLONS RECEIVED to Schedule C, Line 2\*

## LIQUOR DISPOSED OF - Schedule B (Sales to Wholesalers, Exports Out-of-State, Carrier Claims, and other Exemptions)

| TOTAL EXE | TOTAL EXEMPTIONS (To line 6, page 1) |  |  |  |
|-----------|--------------------------------------|--|--|--|

<sup>\*</sup> Invoices must be submitted to support each entry \*

## **BOTTLING REPORT - Schedule C (Monthly Totals Only)**

| 1. BEGINNING INVENTORY (From line 6 on prior Schedule E) |  |  |   |  |  |
|--|--|--|---|--|--|
| 2. BULK RECEIVED(Schedule A Total)                       |  | NOTE: A se bottling record   | • |  |  |
| 3. GAIN  |  | cases bottled, bottles   | • |  |  |
| 4. BULK DISPOSED OF (Schedules B Total)                  |  | and size of containers must be prepared and retained in you files. All receipts and sales of |   |  |  |
| 5. LOSS  |  |  |   |  |  |
| 6. CLOSING INVENTORY (Bulk)                              |  | bulk liquor must be claimed or<br>the appropriate schedules.                                 |   |  |  |
| 7. TOTAL GALLONS BOTTLED (Lines 1,2,3 - 4,5,6)           |  |  |   |  |  |
| TOTAL GALLONS OR UNITS BOTTLED (To line 2, page 1        |  |  |   |  |  |