

TRADE NAME:

Signature

CARRIER'S REPORT

REPORT IS DUE ON THE 15TH DAY OF THE MONTH FOLLOWING EACH REPORTING PERIOD

Monthly Report of Interstate Shipments of Alcoholic Beverages

PERMIT NUMBER:

Title

TABC	USE ONLY
ENTRY	
CHECKED	

Date

FORM C-220 (04/05)

During the Month/Year of:

ADDRESS:								
CITY:		STATE:	ATE: ZIP CODE:		PHONE NUMBER:			
DATE SHIPPED	CONSIGNOR (Shipped From)	CITY / STATE	CONSIGNEE (Shipped To)	CITY / STATE	FREIGHT BILL#	NUMBER OF PKGS.	COMMODITY Liquor, Wine, Ale, Beer	DATE DELIVERED
	ON, Under penalty of perjury, I so true, correct, and complete.	wear I am an o	fficer or authorized represent	ative of the a	bove Permitt	ee, and I hav	e examined thi	s report, and

INSTRUCTIONS: Prepare the report in duplicate, mail the original to the T.A.B.C., PO Box 13127, Austin, TX 78711-3127. Report must be filed on or before the 15th day of the month following each reporting period. Retain one copy for your 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. *Do not report Intra-State shipments*. For assistance, please contact the Compliance Department at (512) 206-3342 or excise.tax@tabc.state.tx.us.

E-Mail Address

							COMMODITY	
DATE	CONSIGNOR	CITY /	CONSIGNEE	CITY /	FREIGHT	NUMBER	Liquor, Wine Ale, Beer	DATE
SHIPPED	(Shipped From)	STATE	(Shipped To)	STATE	BILL#	OF PKGS.	Ale, Beer	DELIVERED
		_						