



MANUFACTURER'S REPORT

Monthly Report of Beer Manufactured, Received, and Disposed of

During the Month/Year of _____

FORM C-235 (11/02)

| TABC USE ONLY | |
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| ENTRY | |
| RECEIPTS | |
| EXEMPTIONS | |
| SUMMARY | |

REGISTER NUMBER

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|-------------|-----------------|
| TRADE NAME: | LICENSE NUMBER: |
| ADDRESS: | |
| CITY: | PHONE NUMBER: |
| ZIP CODE: | |

| SUMMARY OF TAXES DUE | BARRELS | | CASES: (B) = Bottles (C) = Cans | | | | | | | | | | |
|--|----------|----------|---------------------------------|-----------|-----------|-----------|----|----|----|----|----|----|----|
| | 1/2 BBL. | 1/4 BBL. | 12/32 (B) | 24/12 (B) | 24/16 (C) | 24/12 (C) | | | | | | | |
| 1. INVENTORY, BEGINNING OF MONTH (From Line 7 on Prior Monthly Rep) | | | | | | | | | | | | | |
| 2. TOTAL BEER MANUFACTURED | | | | | | | | | | | | | |
| 3. TOTAL BEER IMPORTED (Attach schedule) | | | | | | | | | | | | | |
| 4. BEER RETURNED FROM TEXAS MKT. (Attach schedule) | | | | | | | | | | | | | |
| 5. INVENTORY ADJUSTMENT - OVER | | | | | | | | | | | | | |
| 6. TOTAL BEER AVAILABLE (Lines 1,2,3,4,5) | | | | | | | | | | | | | |
| 7. INVENTORY, END OF MONTH | | | | | | | | | | | | | |
| 8. BEER SOLD TO TEXAS DISTRIBUTORS (Attach schedule) | | | | | | | | | | | | | |
| 9. BEER SOLD OUT OF STATE (Attach schedule) | | | | | | | | | | | | | |
| 10. BEER CONSUMED ON PREMISES | | | | | | | | | | | | | |
| 11. PLANT BREAKAGE / DESTRUCTION'S / CARRIER CLAIMS / LAB USE | | | | | | | | | | | | | |
| 12. INVENTORY ADJUSTMENT - SHORT | | | | | | | | | | | | | |
| 13. TOTAL EXEMPTIONS (Lines 7,8,9,10,11,12) | | | | | | | | | | | | | |
| 14. BEER SUBJECT TO TAX (Line 6 - 13) | | | | | | | | | | | | | |
| 15. TAX RATES (Based on \$0.193548 Per Gallon) | \$3.00 | \$1.50 | \$0.5806 | \$0.4355 | \$0.5806 | \$0.4355 | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| 16. AMOUNT OF TAXES (Line 14 x 15) | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |

NOTE: Case Tax Rate = (# of Bottles x Ounces) / 128 x \$0.193548

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

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 license remains active, you must file a report even if no business was conducted. For assistance, please contact the Compliance Department at (512) 206-3342.

| TABC USE ONLY | |
|--|----|
| GROSS TAXES DUE (Total of Line 16) | \$ |
| LESS 2% (If payment is received by due date) | \$ |
| LESS AUTHORIZED CREDIT (Attach letter of authorization) | \$ |
| TAXES DUE STATE | \$ |