

NONRESIDENT SELLER'S REPORT

Monthly Report of Liquor Shipped into the State of Texas

During the Month/Year of:

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

TRADE NAME:			PERMIT NUMBER: S		
ADDRESS:					
CITY:	STATE:	ZIP CODE:	PHONE NUMBER:		

			GALLONS					
INVOICE	E		DISTILLED	WINE 14%	WINE OVER	WINE	ALE & MALT	
DATE NU	JMBER WHOLESALER	CITY	SPIRITS	AND LESS	14% - 24%	SPARKLING	LIQUOR	
		TOTAL						

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

Signature

E-Mail Address

Title

Date

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. A legible copy of each invoice must be submitted to support each entry. Each invoice must show total gallons of each class of liquor shipped. For assistance, please contact the Compliance Department at (512) 206-3342 or excise.tax@tabc.state.tx.us.

FORM C-205 (04/05)

TABC USE ONLY

ENTRY

CHECKED

				GALLONS				
	INVOICE			GALLONS DISTILLED WINE 14% WINE OVER WINE ALE & MALT SPIRITS AND LESS 14% - 24% SPARKLING LIQUOR				
DATE	NUMBER	WHOLESALER	CITY	SPIRITS	AND LESS	14% - 24%	SPARKLING	LIQUOR
 								
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