

WHOLESALE'S SUMMARY OF WINE SALES AND TAXES

File this report with Virginia Department of Alcoholic Beverage Control, P.O. Box 27491, Richmond, Virginia 23261-7491, accompanied by remittance and the total of such taxes, and markup collected during the preceding month. A report is required to be filed even if you had no sales for the month. This report shall be postmarked no later than the fifteenth of the month or, if the fifteenth is not a business day, the next business day thereafter.

A.B.C. LICENSE NO. \_\_\_\_\_  
REPORT FOR THE MONTH OF \_\_\_\_\_ 20\_\_\_\_

NAME TRADING as \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY or TOWN and STATE \_\_\_\_\_

ITEM	WINE	CIDER	NET LITERS	RATE	AMOUNT DUE
1. Inventory Beginning of Month (Actual Count) Liters					
2. Quantity Received During Month (SCH A)				.40	
3. TOTAL (Item 1 plus Item 2)				.08	
4. Breakage, Leakage, Spoilage, Etc.					
5. State Pickups					
6. Transfers Out (SCH B)					
7. Tax Exempt Liters					
8. TOTAL (Item 4 through 7)					
9. TOTAL (Item 3 less Item 8)					
10. Inventory at End of Month					
11. TOTAL TAXABLE LITERS SOLD DURING MONTH (Item 9 less Item 10)					
<b>TOTAL SUBMITTED WITH REPORT</b>					

**FOR CALCULATION OF WINE TAX & CIDER MARKUP**

**FOR ABC DEPT. USE ONLY**

WINE: 12% \$ \_\_\_\_\_ \$ \_\_\_\_\_ +Cider Markup \_\_\_\_\_ Code 03019

WINE: 44% ..... \$ \_\_\_\_\_ Code 01054

WINE: 44% ..... \$ \_\_\_\_\_ Code 01057

REC. NO. \_\_\_\_\_ PMD \_\_\_\_\_ STATUS \_\_\_\_\_

I swear (or affirm) that this report has been examined by me, and, to the best of my knowledge and belief, is a true and complete report made in good faith for the period as stated, pursuant to the ALCOHOLIC BEVERAGE CONTROL ACT and regulations of the Virginia A.B.C. Board.

Signed \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

**THIS COPY TO BE RETURNED TO VA. A.B.C. BOARD**

703-40 REV. 7/00

**SCHEDULE A**  
**WHOLESALE REPORT**  
**PURCHASES**

PURCHASES (List only purchases from suppliers and purchases transfers)

DATE GOODS RECEIVED	PURCHASE ORDER NO.	CONSIGNOR NAME OF WINERY OR WHOLESALER	LOCATION	LITERS

**SCHEDULE B**

**TRANSFERS OUT (To Virginia Wine Wholesalers)**

DATE GOODS SHIPPED	PURCHASE ORDER NO.	NAME OF WHOLESALER	LOCATION	LITERS

INVOICE NUMBERS	INVOICE NO. FROM PREVIOUS MONTH	LIST BELOW INVOICE NUMBERS EXECUTED BUT NOT DELIVERED	
	WINE	CIDER	TAX EXEMPT
WINE _____ thru _____			
FARM WINE _____ thru _____			
CIDER C _____ thru _____			
TAX EXEMPT TE _____ thru _____			
TAX EXEMPT CIDER TEC _____ thru _____			
TOTAL FW WINE SOLD TO RETAIL LICENSEES _____			