North Carolina Alcoholic Beverage Control Commission

Wine Shipper - Quarterly Shipment Report

This form must be completed quarterly and received by the Commission by the 15th day of the month immediately following each quarter.

Quarters - January 1 - March 31, April 1 - June 30, July 1 - September 30, October 1 - December 31 Please print or type.

Please print or type.						
DATE OF SHIPMENT	BRAND NAME	ТҮРЕ	Price per Bottle	Quantity in Liters	AMT. EXCISE TAX PAID	AMT. SALES TAX PAID
Permittee Name:			1	Dormit Number		
Permittee Address:				Permit Number.		
	mber:		ss:			
I certify as require	ed by NCGS 18B-902(a) and (c) that this do	OATH OF APPLICANT ocument is true, correct and complete to the second complete to the secon	he best of my	knowledge.		
	cases (18 liters) have been shipped/sold to		_	_		
Total number of o	cases shipped this calendar year to date (9	liters per case).		_		
Printed Name and Po	osition of Authorized Official:					
Signature of Authoriz	zed Official:					
					Date	