File this report with the Virginia Department of Alcoholic Beverage Control P.O. Box 27491, Richmond, VA 23261 on or before the tenth (10th) day of each month for the preceding month and attach check or money order payable to Department of Alcoholic Beverage Control for the amount of Tax Due	MALT BEVERAGE WHOLESALER'S TAX REPORT COMMONWEALTH OF VIRGINIA DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL	Report for The Month of	A.B.C. Beer License No.
		Name	
		Trading As	
		Street and Number	
		City or Town and State	Zip Code

		CASES												
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Items	Container Size	Inventory at beginning of month (actual count)	Quantity Purchased or Received during month Schedule A	TOTAL (Item 2 plus Item 3)	Breakage and/or Spoilage during month	Inventory at end of month (actual count)	TOTAL (Item 4 less Item 5 and Item 6)	Tax Exempt Sales & Military (Schedule B)	Tax Exempt Sales Out of State (Schedule B)	Tax Exempt Sales Wholesaler to Wholesaler (Schedule B)	Net Taxable Quantity Sold during month (Item 7 less Items 8, 9 and 10)	TOTAL Containers per case	Rate of Tax	**Amount of Tax Due**
BOTTLES	7 oz											24	.0200	
	7 oz											36	.0200	
	7 oz											48	.0200	
	12 oz											24	.0265	
	16 oz											24	.0355	
	32 oz											12	.0710	
	40 oz											12	.0880	
CANS	8 oz											24	.0265	
	10 oz											24	.0265	
	12 oz											24	.0265	
	12 oz											30	.0265	
	16 oz											24	.0355	
	24 oz											12	.0533	
	25 oz											12	.0555	
DRAUGHT	1/4 BBL											1	1.9879	
	1/2 BBL											1	3.9758	
	1 BBL											1	7.9515	
	5.16 Gal											1	1.3235	
	13.2 Gal											1	3.3858	
											TOTAL TAX DUE			

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 Virginia Alcoholic Beverage Control Act as amended.

(Signature)_____

County/City of _____

Commonwealth/State of _____

Sworn to and subscribed before me this _____ day of _____ 20____

_____ (Notary Public)

_____ Commission Expiration Date

A.B.C. USE ONLY	**FOR CALCULATION OF TAX DUE**	
CHK NO.	**Total Other Page(s)**	
AMT	Total Tax Due $	
PMD	Less 1% Statutory Discount	
REC NO.	Net Tax Due	
TRAN NO.	Penalty for Late Filing and Payment	
	Interest	
SEQ. NO	Total Tax, Penalty, and Interest Due $	
PROCESSED BY	Adjustments (+/-)	
	FINAL TAX DUE $	

Form No. 805-70 (Rev. 05/09)

This Schedule Must be Filled OUT in Complete Detail
for Each Order Purchased or Received

SCHEDULE A
PURCHASED OR RECEIVED

Report for Month of	A.B.C. License No.
Trading as	

Page_____of_____

P.O. Rec'd Date	Purchase Order No.	Purchased or Received From	Supplier/ Distributor No.	BOTTLES												CANS							DRAUGHT BEER					
				7 OZ 24	7 OZ 36	7 OZ 48	12 OZ	16 OZ	32 OZ	40 OZ						8 OZ	10 OZ 24	12 OZ 24	12 OZ 30	16 OZ	24 OZ	25 OZ	1/4 BBL	1/2 BBL	1 BBL	5.16 GAL	13.2 GAL	

SCHEDULE A ---- CONTINUED

Report for Month of	A.B.C. License No.
Trading as	

Page_____of_____

P.O. Rec'd Date	Purchase Order No.	Purchased or Received From	Supplier/ Distributor No.	BOTTLES												CANS							DRAUGHT BEER					
				7 OZ 24	7 OZ 36	7 OZ 48	12 OZ	16 OZ	32 OZ	40 OZ						8 OZ	10 OZ 24	12 OZ 24	12 OZ 30	16 OZ	24 OZ	25 OZ	1/4 BBL	1/2 BBL	1 BBL	5.16 GAL	13.2 GAL	

This Schedule Must be Filled OUT in Complete Detail
for Each Tax Exempt Order

SCHEDULE B
TAX EXEMPT QUANTITIES

Report for Month of	A.B.C. License No.
Trading as	

Page_____of_____

Name and Address of Purchaser	Inv. Ship Date	INVOICE NO.	BOTTLES														CANS							DRAUGHT BEER					
			7 OZ 24	7 OZ 36	7 OZ 48	12 OZ	16 OZ	32 OZ	40 OZ								8 OZ	10 OZ 24	12 OZ 24	12 OZ 30	16 OZ	24 OZ	25 OZ	1/4 BBL	1/2 BBL	1 BBL	5.16 GAL	13.2 GAL	
MILITARY & TAX EXEMPT																													
TOTAL (Item 8)																													
OUT OF STATE																													
TOTAL (Item 9)																													
WHOLESALER/WHOLESALER																													
(NAME/LICENSE NO.)																													
TOTAL (Item 10)																													