

BUREAU OF BUSINESS TRUST FUND TAXES
 MISCELLANEOUS TAX SECTION
 PO BOX 280909
 HARRISBURG PA 17128-0909

DISTRIBUTOR'S MONTHLY REPORT
 MALT BEVERAGE PURCHASED, SOLD AND
 WITHDRAWN INVENTORIES



Print or Type

BUSINESS NAME				DATE
ACCOUNT ID	FEDERAL EIN	LID NUMBER	LCB LICENSE NUMBER	REPORTING MONTH/YEAR

INSTRUCTIONS:

1. This report and its schedules are due on or before the 15th day after the end of the month for which it is prepared.
2. Type or print figures legibly. Only use black ink when completing reports. Do not use colored ink or pencil.
3. Mail report and schedules to PA DEPARTMENT OF REVENUE, PO BOX 280909, HARRISBURG PA 17128-0909, send electronically to ra-btftmaltbev@pa.gov or fax to 717-705-8413.

DESCRIPTION	1/2 PT. Can & Bottle	1 PT. Can & Bottle	1 QT. Can & Bottle	Other	1/8 Barrel	1/6 Barrel	1/4 Barrel	1/2 Barrel	Other	3 Liter	5 Liter	5.7 Liter	Other
	7 oz.-8 oz.	8.1 oz.-16 oz.	16.1 oz.-32 oz.										
1. Reporting Month, Beginning Inventory													
2. Purchased from Pennsylvania Manufacturers (REV-1014A, Schedule A)													
3. Purchased from Importing Distributors (REV-1014B, Schedule B)													
4. Purchased from Out-of-State Manufacturers (REV-1055, Schedule C)													
5. Total (Add Lines 1, 2, 3 & 4)													
6. Reporting Month, Ending Inventory													
7. Balance to Account For (Line 5 minus Line 6)													
8. Sales of Malt Beverage													
9. Other Removals (Attach Explanation)													
10. Total Accounted For (Add Lines 8 & 9) This Total must equal Line 7.													

I hereby affirm under penalties prescribed by law that this report, including accompanying schedules, has been examined by me and to the best of my knowledge and belief is a true, correct and complete report.

NAME OF OWNER OR OFFICER	TITLE	SIGNATURE
NAME OF CORPORATION OR REGISTERED TRADE NAME WITH LIQUOR CONTROL BOARD		