OUT OF STATE SUPPLIER REPORT OF ALCOHOLIC BEVERAGES SHIPPED TO DELAWARE IMPORTERS

TO: DELAWARE DIVISION OF REVENUE FIELD OPERATIONS BUREAU ATTN: HOLLY REYNOLDS 20653 DUPONT BLVD, STE 2 GEORGETOWN, DE 19947 holly.reynolds@state.de.us

TYPE = WINES Н HS = WINES HS = HIGH SPIRITS LS = LOW SPIRITS C = CIDER B = BEER

Check h	here if you ha	ad no shipments	to report during this month					
DATE	INVOICE NUMBER	P.O NUMBER	NAME OF DELAWARE IMPORTER	TYPE W,HS.LS C,B	TOTAL CASES	TOTAL GALLONS (W,HS,LS,C)	TOTAL BARRELS (BEER)	
/A I L	NOWIDER	NOMBER	IIVIFONTEN	О,Б	CAGLG	(**,110,20,0)	(022.5)	
			oort is certified to be a full, true and rsigned. Copies of invoices are not					
	NAME OF SUPPLIER					DATE		
	ME OF OFFIC	·FD	SIGNATURE		TELEPHONE NUMBER			