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

TO: DELAWARE DIVISION OF REVENUE BUSINESS AUDIT BUREAU ATTN: HOLLY REYNOLDS 20653 DUPONT BLVD, STE 2 GEORGETOWN, DE 19947 holly.reynolds@state.de.us TYPE W = WINES HS = HIGH SPIRITS LS = LOW SPIRITS C = CIDER B = BEER

Shipments of alcoholic beverages to Delaware Importers for the month of:

License No.

Check here if you had no shipments to report during this month.

	INVOICE	P.O.	NAME OF DELAWARE	<u>TYPE</u> W,HS.LS	TOTAL	TOTAL GALLONS	TOTAL BARRELS
DATE	NUMBER	NUMBER	IMPORTER	vv,пз.∟з С,В	CASES	(W,HS,LS,C)	(BEER)

The information submitted in the foregoing report is certified to be a full, true and correct statement of the out of state supplier named below to the knowledge and belief of the undersigned. Copies of invoices are not required. Report is due by the 15th of the month.

NAME OF SUPPLIER