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.

DATE OF SHIPMENT	BRAND NAME	TYPE	Price per Bottle	Quantity in Liters	AMT. EXCISE TAX PAID	AMT. SALES TAX PAID

Permittee Name: _____ Permit Number: _____

Permittee Address: _____

Permittee Phone Number: _____ Email Address: _____

OATH OF APPLICANT

I certify as required by NCGS 18B-902(a) and (c) that this document is true, correct and complete to the best of my knowledge.

Not more than 2 cases (18 liters) have been shipped/sold to any one individual within one month.

Total number of cases shipped this calendar year to date (9 liters per case). _____

Printed Name and Position of Authorized Official: _____

Signature of Authorized Official: _____

Date