

## Ohio Beer and Malt Beverage Tax Return

<b>Reporting Period</b>
For the month of _____ 20 _____

**Return is due on or before the 10th day of the month following the reporting period.**

For Department of Taxation Use Only
--

Account number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

1. Schedule A line 3	\$			
2. Schedule B line 3	\$			
3. Total beer and malt beverage tax liability (total of lines 1 and 2)			\$	
4. Monthly advance tax payment received by Department of Taxation on or before 18th day of report period			\$	
5. If line 3 exceeds line 4, enter difference here			\$	
6. If line 3 exceeds line 4, enter 10% of line 4	\$			
7. Discount (enter 3% of line 5 or 6, whichever is smaller)	\$			
8. If line 4 exceeds line 3, enter difference here	\$			
9. Monthly advance tax payment received by Department of Taxation between the 19th and the last day of the report period	\$			
10. Credit balance, if any, from previous return	\$			
11. Additional credit (enter 3% of line 4)	\$			
12. Total of lines 7, 8, 9, 10 and 11			\$	
13. Tax due, if any (if line 5 exceeds line 12, enter difference here or line 3 if no advance payment was made)			\$	
14. Credit balance, if any (if line 12 exceeds line 5, enter difference here and carry forward to line 10 of next return)	\$			

Complete lines 4 through 12 **only** if you made an advance payment.

I declare under penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return and report.

Make check or money order payable to the Ohio Treasurer of State and mail to Ohio Department of Taxation, P.O. Box 16763, Columbus, OH 43216-6763. This return and payment must be **received** on or before the 10th day of the month following this reporting period.

\_\_\_\_\_  
Date Authorized signature

\_\_\_\_\_  
Telephone

If you have any questions regarding this return, please call the Excise Tax Section at (614) 466-7026.

**Schedule A**  
**Beer and Malt Beverages in Barrels**

Schedule A – Barrel Beer and Malt Beverages	Number of Barrels and Sizes				
	1/4	1/2	1	13.2 Gal. Keg	4-5L Case
1. Sold in Ohio and/or consumed on premises in Ohio					
Tax rate	1.395	2.79	5.58	2.376	.951
2. Multiply totals on line 1 by tax rate	\$	\$	\$	\$	\$
3. Tax liability (total of amounts on line 2)					\$

**Schedule B**  
**Beer and Malt Beverages in Containers Other Than Barrels**

Schedule B – Case Beer and Malt Beverages	Number of Cases and Sizes				
	24/12	12/32	12/40	24/7	24/16
1. Sold in Ohio and/or consumed on premises in Ohio					
Tax rate	.403	.605	.706	.235	.605
2. Multiply totals on line 1 by tax rate	\$	\$	\$	\$	\$

**Schedule B – Case Beer and Malt Beverages**

Schedule B – Case Beer and Malt Beverages	Number of Cases and Sizes				
	24/12	12/32	12/40	24/7	24/16
1. Sold in Ohio and/or consumed on premises in Ohio					
Tax rate					
2. Multiply totals on line 1 by tax rate	\$	\$	\$	\$	\$
3. Tax liability (total of amounts on line 2)					\$