

## Application for Refund of Taxes on Beer or Malt Beverages Paid in Excess of Legal Requirements

<b>Reporting Period</b>
For period of: _____, 20__ to _____, 20__, inclusive.

Account No.
File No.
State File No.

1. Name \_\_\_\_\_

2. Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. \_\_\_\_\_  
If records are located at an address other than line 2, show on line 3.

4. Federal Employer Identification Number or, if none assigned for reporting Federal Taxes, please enter your Social Security Number.

Employer Identification Account No.

Social Security No.		

5. Reason for Claim
- Out-of-State or Military Sales (Complete Schedule A and/or B)
  - Unsaleable Product (Do not destroy until you have received approval from this department.)
  - Other \_\_\_\_\_

Beer and/or Malt Beverage		
Cases Schedule A	Barrels Schedule B	Total
\$	\$	\$

I declare under penalties of perjury that this return or claim (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.

Claimant \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

<b>For Department Use Only</b>
Voucher No. _____

**Agent's Remarks** (Use reverse side for additional remarks): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Agent \_\_\_\_\_

Approved (District Manager) \_\_\_\_\_

Date \_\_\_\_\_

I have examined this claim and any adjustments in computation have been explained to me by the agent.
Signed _____
Claimant Signature