Ohio Department of TAXATION
P.O. Box 530 ● Columbus, OH 43216-0530

Excise Tax Form
ALC-36CRev. 11/03

Schedule C

Name _____

Address _____

City _____ State _____ ZIP _____

Interstate wine sales into _____ for the month of _____
(State) (Month, Year)

Invoice Date	Invoice Number	Shipped To	Report in Gallons, Round to Nearest Hundredth					
			14% or Less	14%–21%	Vermouth	Mixed Beverage	Sparkling	Cider 6% or Less
Total gallonage shown on invoices listed								

This form may be reproduced by you as needed.