



Department of Taxation

P.O. Box 530
Columbus, OH 43216-0530

ALC 36
Rev. 9/19

Ohio Wine and Mixed Beverage Tax Return

Reporting period _____ 20 _____

Return is due on or before the 18th day of the month following the reporting period.

Account number _____ FEIN _____

Name _____

Address _____

City _____ State _____ ZIP _____

For Department of Taxation Use Only

Tax Return Summary	
1. Total liability on gallons (Supporting Schedule below, line 11G)	\$
2. Additional Grape Fund Tax (Supporting Schedule below, line 12 multiplied by 2¢)	\$
3. Total tax due on gallons (total of lines 1 and 2)	\$
4. Ohio wine exempt gallons	
5. Ohio wine exempt tax amount (line 4 multiplied by 2¢)	\$
6. Tax subtotal	\$
7. Discount, if applicable (line 6 multiplied by 3%)	\$
8. Total tax due (line 6 less line 7)	\$

Supporting Schedule by Tax Type	Report in Gallons and Fractions Thereof						
	A 4% to 14%	B >14% to 21%	C Vermouth	D Mixed Bev. 21% or Less	E Sparkling	F Cider 6% or Less	G Totals
1. Bottled beverage received tax not paid (Schedule A)							
2. Bottled beverage removed from U.S. Customs bonded warehouse							
3. Beverage removed from bonded wine cellar							
4. Mixed beverage bottled and sold in Ohio (A-4 permit holders only)							
5. Total of lines 1, 2, 3 and 4.							
6. Sales for sacramental purposes by B-3 liquor permit holders only (Schedule B)							
7. Sales to authorized agencies of the U.S. government (Schedule B)							
8. Sales in interstate commerce (Schedule C)							
9. Total exempt sales (total of lines 6, 7 and 8)							
10. Taxable gallons (line 5 less line 9)							
	Tax Rate	\$.30	\$.98	\$ 1.08	\$ 1.20	\$ 1.48	\$.24
11. Tax liability (line 10 multiplied by tax rate)	\$	\$	\$	\$	\$	\$	\$
12. Grape Fund gallons (sum of lines 10A, 10B, 10C and 10E)							

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 Treasurer of State of Ohio and mail to Ohio Department of Taxation, P.O. Box 530, Columbus, OH 43216-0530. This tax return and payment must be **postmarked** on or before the 18th day of the month following this reporting period.

Date _____ Authorized signature _____

If you have any questions regarding the tax return, contact the Excise Tax Section at (855) 466-3921.

Telephone _____

