## DISTILLED SPIRITS PURCHASED OR RECEIVED FROM OTHER LICENSEES IN CALIFORNIA

Please read the instructions on the reverse before preparing this report.

CCOUNT NUMBER	FOR MONTH OF		Year		Pag	e	of		Pages
IAME	I		BUSINES	S ADDRESS (street, city, st					
		CODE NO. (BOE use only)	DATE RECEIVED	REFERENCE NO.	INVOICE		WINE GALLONS		
PURCHASED FROM	CITY				DATE	NO.	AMOUNT	100 PROOF AND UNDER	OVER 100 PROOF
Α	В	С	D	E	F	G	Н	I	J
otals from previous page									
1									
2									
3									
4									
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# INSTRUCTIONS FOR COMPLETING THE DISTILLED SPIRITS PURCHASED OR RECEIVED FROM OTHER LICENSEES IN CALIFORNIA REPORT

# FILING REQUIREMENTS

This report must be completed in accordance with the instructions below showing each and every purchase or receipt of distilled spirits from another California taxpayer.

#### PREPARATION OF THE REPORT

Prepare report in duplicate, retain a copy for your files, and mail the original to the State Board of Equalization, Special Taxes and Fees, P. O. Box 942879, Sacramento, CA 94279-0088.

- Enter entire account number.
- Enter reporting month and year.
- Enter page number and number of pages in reporting month.
- Enter owner or company name.
- Enter business address, including zip code.

## **COLUMN**

- A. Enter the name of the California seller from whom the distilled spirits were purchased.
- **B.** Enter the name of the California city where the seller's business is located.
- C. Do not write in this column.
- **D.** Enter date the shipment was received.
- **E.** Enter purchase order number, release number or other reference number.
- F. Enter invoice date covering the shipment.
- **G.** Enter invoice number covering the shipment.
- H. Enter total dollar amount of invoice.
- I. Enter total gallons of distilled spirits 100 proof or under per seller's invoice.
- J. Enter total gallons of distilled spirits over 100 proof per seller's invoice.
- K. Total all entries made in Columns I and J and enter the totals in the boxes at the bottom of the report.