



## Retailer Monthly Beer Report For Purchases from a Brewery Located Outside of Montana

Period Ending  License No. ---

Retailer Name \_\_\_\_\_

Address \_\_\_\_\_

Street City State ZIP Code

Phone \_\_\_\_\_ Email \_\_\_\_\_

This report is for the preceding month and is due the 15<sup>th</sup> of each month. All records, invoices, and delivery records must be kept for inspection by the Department of Revenue.

### Beer Merchandise Purchased

Invoice Date	Supplier	Supplier License No.	Brand	Invoice No.	Barrels
<b>Total Barrels</b>					

Return to: Montana Department of Revenue  
Alcoholic Beverage Control Division  
P O Box 1712  
Helena, MT 59624-1712

I certify the above is true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_



\*11LR0101\*