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OUT-OF-STATE SUPPLIER REPORT OF ALCOHOLIC BEVERAGES SHIPPED TO DELAWARE IMPORTERS

TO: DELAWARE DIVISION OF REVENUE
BUSINESS AUDIT BUREAU
ATTN: William J. Kirby
820 N. FRENCH STREET
WILMINGTON, DE 19801

WILLIAM.KIRBY@STATE.DE.US

TYPE
W = WINES
HS = HIGH SPIRITS
LS = LOW SPIRITS
C = CIDER
B= BEER

Shipments of alcoholic beverages to Delaware Importers for the month of: _____

License No. _____

DATE	INVOICE NUMBER	P.O. NUMBER	NAME OF DELAWARE IMPORTER	TYPE W, HS, LS C, B	TOTAL CASES	TOTAL GALLONS (W, HS, LS, C)	TOTAL BARRELS (BEER)

The information submitted in the foregoing report is certified to be a full, true and correct statement of the out-of-state supplier named below to the knowledge and belief of the undersigned. Report is due by the 15th of the month.

NAME OF SUPPLIER _____ DATE _____

NAME OF OFFICER _____ SIGNATURE _____ TELEPHONE NUMBER _____

COPIES OF INVOICES NOT REQUIRED