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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
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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. _____

☐ Check here if you had no shipments to report during this month.

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. Copies of invoices are not required. Report is due by the 15th of the month.

NAME OF SUPPLIER _____ DATE _____

NAME OF OFFICER _____ SIGNATURE _____ TELEPHONE NUMBER _____