



193240049

**AMENDED/SCHEDULES**

Name			
Trade Name			
Street Address	City	State	Zip Code +4
Permit Number	Email Address		

**Summary of Beer Deliveries into Maryland**

**Period End Date (MM/YYYY) ▶** \_\_\_\_\_

<b>A Consignee</b>		<b>B Gallons</b>	<b>C Consignee</b>		<b>D Gallons</b>
1			9		
2			10		
3			11		
4			12		
5			13		
6			14		
7			15		
8			16		
17	Total Gallons (Columns B and D, Lines 1 through 16)				
18	Gallon Adjustments				
19	Net gallons of beer subject to tax (Line 17 plus or minus Line 18)				
20	Beer tax per gallon \$.09				<b>X .09</b>
21	Net tax due (Line 20 x Line 19)				<b>\$</b>

**Affidavit**

I do solemnly declare and affirm under the penalties of perjury that the contents of this return are true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Title: Owner, Partner or Officer

\_\_\_\_\_

Date

**MARYLAND  
FORM  
324**     **RESIDENT/NON-RESIDENT  
DEALER BEER TAX RETURN  
INSTRUCTIONS**

This return, together with remittance of tax due, shall be properly filed no later than the 15th day of the month following the month which the return covers. The return shall be submitted with Form COM/RAD 030. Remit payment online at MarylandTaxConnect or by check or money order payable to Comptroller of Maryland.

**Column Line**

- |       |      |  |
|-------|------|--|
| A & C | 1-16 | Enter the name of the consignee within the State of Maryland.                    |
| B & D | 1-16 | Enter the number of gallons delivered to each consignee.                         |
|       | 17   | Enter on this line the total of column B (Lines 1-8) plus column D (Lines 9-16). |
|       | 18   | Gallon adjustments (Submit supporting documentation).                            |
|       | 19   | Enter the total of Line 17 minus Line 18, plus or minus Line 19.                 |
|       | 20   | This Line shows the Maryland beer tax rate.                                      |
|       | 21   | Multiply line 20 by Line 19 and enter the result (net tax due).                  |

The completed form COM/RAD 324 must be signed by the owner, partner or officer of the corporation. If this is a corporation, an officer (President, Vice-President, Secretary or Treasurer) must sign.

**Amended Return/Schedules**

Place an X in this box if you are making changes to a previously filed return/schedule.

**Contact Information:**

Comptroller of Maryland  
Revenue Administration Division  
Alcohol, Tobacco, & Motor Fuel Unit  
PO BOX 2999  
ANNAPOLIS MD 21404-2999

**For more information, visit: [marylandtaxes.gov](http://marylandtaxes.gov), or call Taxpayer Services Division at 410-260-7980/800-638-2937.**