



193630049

**AMENDED REPORT/SCHEDULES**

Name		Federal Employer ID Number (FEIN)	
Trade Name		Period End Date (MM/YYYY)	
Street Address			
City		State	Zip Code +4
Email Address		Common Carrier Permit Number <b>CC-</b>	

**DELIVERY OF DIRECT WINE SHIPMENTS TO CONSUMERS IN MARYLAND  
TOTAL NUMBER OF CASES OR BOTTLES OF WINE SHIPPED IN LITERS TO CONSUMERS  
DURING REPORT QUARTER**

1. **Size:**                    **4L**        **3L**        **1.5L**    **750ml**    **375ml**    **187ml**    **100ml**    \_\_\_\_\_
2. # of Cases:    \_\_\_\_\_
3. # of Bottles:    \_\_\_\_\_
4. **Total Liters Shipped by Case or Bottle** . . . . . 4. \_\_\_\_\_

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

Print name \_\_\_\_\_ Title: Owner, Partner or Officer \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**COMMON CARRIER DIRECT  
WINE SHIPMENT REPORT**



193630149

Name	Federal Employer ID Number (FEIN)
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	<b>A Direct Wine Shippers Permit Number</b>	<b>B Name &amp; Address of Direct Wine Shipper</b>	<b>C Date of Shipment</b>	<b>D Name &amp; Address of Consumer Shipped to</b>	<b>E Date of Delivery to Consumer</b>	<b>F Total Liters Shipped</b>
1	DW-					
2	DW-					
3	DW-					
4	DW-					
5	DW-					
6	DW-					
7	DW-					
8	DW-					
9	DW-					

This report shall be properly filed no later than the 21st. day of the quarter following the quarter in which wine was shipped to consumers in Maryland.

<b>Tax Period</b>	<b>Due Date</b>
January – March	April 21st
April – June	July 21st
July – September	October 21st
October – December	January 21st

**Page 1 - Delivery of Direct Wine Shipments to Consumers in Maryland**

**Line**

- 1 If a size is not listed on the form, state the size in the blank box and indicate number of cases and bottles shipped
- 2 **Number** of cases of wine shipped to consumers for each size
- 3 **Number** of bottles of wine shipped to consumers for each size
- 4 **Total amount** of all liters of wine shipped by case or bottle (Milliliters must be converted to liters, e.g., 750ml = 0.75 liters)

**Page 2 - Each Wine Shipment to Consumers**

**Column Line**

A	1-8	Direct Wine Shippers Permit Number
B	1-8	Direct Wine Shipper’s name and address
C	1-8	Date of shipment of wine to consumer
D	1-8	Name and address of consumer shipped to on shipping label
E	1-8	Date of delivery of wine to consumer
F	1-8	Total liters of wine shipped to address of consumer

This report 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.

Mail report to:

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.**