



# TEXAS WHOLESALER REPORT

## Monthly Report of Ale and Malt Liquor

Reporting Period: \_\_\_\_\_

TABC USE ONLY
ENTRY
REG #
SUMMARY

**\*\*REPORT IS DUE ON OR BEFORE THE 15TH DAY OF THE MONTH FOLLOWING EACH REPORTING PERIOD\*\***

TRADE NAME:	PERMIT NUMBER:
ADDRESS:	
CITY:	ZIP CODE:
PHONE NUMBER:	

Summary of Taxes Due	GALLONS (rounded off to the second decimal place)
1. Inventory, Beginning of Month <i>(Line 4 on Prior Monthly Report)</i>	
2. Malt Liquor Received <i>(Page 2, Line 1)</i>	
3. Total <i>(Line 1 + 2)</i>	
4. Inventory, End of Month	
5. Exemptions <i>(Page 2, Line 2)</i>	
6. Total <i>(Line 4 + 5)</i>	
7. Malt Liquor Subject to Tax <i>(Line 3 - 6)</i>	
8. Tax Rate Per Gallon	<b>\$0.198</b>

<b>9. GROSS TAXES DUE</b> <i>(Line 7 x 8)</i>	\$
<b>10. LESS 2%</b> <i>(If payment is received by due date)</i>	\$
<b>11. LESS AUTHORIZED CREDITS</b> <i>(Attach letter of authorization)</i>	\$
<b>12. TAXES DUE STATE</b>	\$

AFFIRMATION, Under penalty of perjury, I swear I am an officer or an authorized representative of the above Permittee, and I have examined this report, and confirm it is true, correct, and complete.

The following box must be checked if the permittee did not purchase, sell, or possess Distilled Spirits and Wine. Other wise, Form C-210 must be filed.

Signature	E-Mail	Title	Date
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INSTRUCTIONS: Prepare the report in duplicate, mail the original to the T.A.B.C., PO Box 13127, Austin, TX 78711-3127. Report must be filed on or before the 15th day of the month following each reporting period. Retain one copy for your files for a period of four years. As long as your permit remains active, you must file a report even if no business was conducted. Report malt liquor in terms of gallons rounded off to the second decimal place. For assistance, please contact the Excise Tax Department at (512) 206-3342 or [excise.tax@tabc.texas.gov](mailto:excise.tax@tabc.texas.gov).

# TEXAS ALCOHOLIC BEVERAGE COMMISSION

FORM C-233 (03/09)

**MALT LIQUOR RECEIVED - Schedule A (retain invoices for audit purposes)**

INVOICE DATE	INVOICE NUMBER	SUPPLIER'S TRADE NAME	CITY / STATE	GALLONS <small>(rounded off to the second decimal place)</small>	CARRIER MAKING DELIVERY
<b>1. TOTAL RECEIVED (To Line 2, Page 1)</b>					

**MALT LIQUOR DISPOSED OF:**

**SALES TO TEXAS DISTRIBUTORS - Schedule B (invoices must be submitted to support each entry)**

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**SALES TO MILITARY INSTALLATIONS - Schedule C (retain invoices for audit purposes)**

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**EXPORTS OUT-OF-STATE - Schedule D (retain invoices for audit purposes)**

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**CARRIER CLAIMS & DESTRUCTIONS - Schedule E (documents must be submitted to support each entry)**

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<b>2. TOTAL EXEMPTIONS (To Line 5, Page 1)</b>		
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NOTE: The spaces provided above for Schedules B,C,D and E should reflect monthly totals only. If more than one entry per schedule is needed, attach a supplemental schedule(s).

