

Department of Revenue Services
 State of Connecticut
 Excise Taxes Unit
 25 Sigourney Street
 Hartford CT 06102-5031
 (Rev. 02/05)

Form BT-101

Alcoholic Beverage Tax

Application for Permission to Import Into Connecticut Alcoholic Beverages
 From Outside the United States for Personal Consumption

You must complete and file this application, together with **Form S & BT**, *Payment of Taxes Due on the Importation of Alcoholic Beverages*, with the Department of Revenue Services (DRS) at the above address. Only upon your receipt from the Department of the approved application are you permitted to import the alcoholic beverages referenced below. For more information on the importation of alcoholic beverages into Connecticut, see **Informational Publication 2000 (15)**, *Bringing or Importing Alcoholic Beverages Into Connecticut*.

This section to be completed by the applicant

Name of Applicant: _____ Social Security Number: **▶** _____
 Date of Birth: _____ Date Alcohol Received: **▶** _____
 Address (number and street, city, state, and ZIP Code): _____
 Telephone Number: (____) _____

Check the applicable box

<input type="checkbox"/> This application pertains to the importation, from outside the territorial limits of the United States, for my own personal consumption, of _____ (not to exceed 5) gallons of alcoholic beverages, whether or not purchased by me, during the 365-day period beginning _____, _____ and ending _____, _____. Date of last application (if none, so indicate): _____, _____.
<input type="checkbox"/> This application pertains to the importation, from outside the territorial limits of the United States, for my own personal consumption, of: _____ (not to exceed 100, of which no more than 20 gallons are of the same brand) gallons of wine; and _____ (not to exceed 20, of which no more than 2 gallons are of the same brand) gallons of spirits; and coincides with the termination of my foreign residency of at least 6 months and is in connection with the return of my personal and household goods. Former Foreign Residence Address: _____ Date of Termination of Foreign Residency: _____ Duration of Foreign Residency: _____ years _____ months

Declaration: I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Taxpayer Signature	Title	Date
Print Taxpayer Name	Telephone Number	Taxpayer SSN
Paid Preparer Signature	Preparer's Address	Preparer's SSN or PTIN

If you need information or assistance, please call the Excise Taxes Unit at 860-541-3224, Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m.

Validated endorsement on this section, together with an endorsed Form S&BT, is your permit to import the alcoholic beverages referenced above.

This section to be completed by the Department of Revenue Services

Date of Receipt _____ Date Action Taken _____

Action Taken: _____ Application granted By: _____
 _____ Application denied Signature _____
 _____ Title _____