Department of Revenue Services
State of Connecticut
Excise/Public Services Taxes Subdivision
450 Columbus Blvd Ste 1
Hartford CT 06103-1837
(Rev. 06/20)

Form AU-933

Alcoholic Beverages Tax

Alcoholic Beverages Shipped Into Connecticut

For the month of _____ , _____

Name of Distributor: _____ Address: _____

1. This form is to be filed with the Department of Revenue Services on or before the tenth day of the month following the month in which the sales listed were made.
2. A copy must be sent to the Department of Consumer Protection, Attn: Liquor Control Division, 450 Columbus Blvd Ste 901, Hartford, CT 06103.

Name and Address Of person, firm, or corporation to whom alcoholic beverages were sold (**must** be a Connecticut address)	**Date Shipped**	**Invoice Number**	**Beer**		**Distilled Liquor** *Wine Gallons*	**Still Wines** Not Over 21% Alcohol *Wine Gallons*		**Fortified Wines** Over 21% Alcohol and SPARKLING WINES *Wine Gallons*	**Alcohol and Components for Manufacturing** *Proof Gallons*	**Liquor Coolers** Not Over 7% Alcohol *Wine Gallons*	**Cider** Not More Than 7% Alcohol	
			Convert draft size to bbls. *Barrels*	All other containers *Wine Gallons*		By Wineries Producing **More** Than 55,000 Wine Gallons per year	By Wineries Producing **Less** Than 55,000 Wine Gallons per year (Small Wineries)				Convert draft size to bbls. *Barrels*	All other containers *Wine Gallons*

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Total												