State of Connecticut Department of Revenue Services Excise/Public Services Taxes Subdivision 450 Columbus Blvd Ste 1 Hartford Ct 06103-1837 Rev. 03/17

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	Still Wines Not Over 21% Alcohol <i>Wine Gallons</i>		Fortified Wines	Alcohol and Components	Liquor Coolers
			Convert draft size to bbls. Barrels	All other containers <i>Wine Gallons</i>	Liquor Wine Gallons	By Wineries Producing More	By Wineries Producing Less Than 55,000 Wine Gallons per year (Small Wineries)	Alcohol and	for Manufacturing Proof Gallons	Not Over

Name and Address		Beer		Distilled	Still Wines Not Over 21% Alcohol <i>Wine Gallons</i>		Fortified Wines	Alcohol and Components	Liquor
Of person, firm, or corporation to whom alcoholic beverages were sold (must be a Connecticut address)	ed Invoice Number	Convert draft size to bbls. Barrels	All other containers <i>Wine Gallons</i>	Uistined Liquor Wine Gallons	By Wineries		Over 21% Alcohol and SPARKLING WINES Wine Gallons	for Manufacturing Proof Gallons	Not Over
Total									