Department of Revenue Services State of Connecticut Excise Taxes Unit 450 Columbus Blvd Ste 1 Hartford CT 06103-1837

(Rev. 03/17)

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 into Connecticut*, with the Department of Revenue Services (DRS) at the above address. Only upon your receipt of the approved application from the DRS are you permitted to import into Connecticut the alcoholic beverages referenced below. See **Informational Publication 2017(17)**, *Bringing or Importing Alcoholic Beverages into Connecticut*.

Part 1 - Applic	cant Information					
Name of applicant				Date alcohol received		
				•		
Date of birth		Telephone number			Number (SSN)	
		()		•		
Address (number and	d street, city, state, and ZIP	Code)				
Part 2 - Decla	ration and Signat	ure				
This application per	rtains to the importation,	from outside the territe	orial limits of the U	Inited States, for my	own personal consumption, of:	
1. 🔲 9	gallons of alcoholic beverages (not to exceed five), whether or not purchased by me, during the 365-day period begi					
	, and ending ,					
	st application (if none, so					
					l d\ d	
	gallons of wine (not to ex		_		•	
	gallons of spirits (not to	exceed 20, of which no	o more than two g	allons are of the sam	e brand);	
	the termination of my for	reign residency of at le	east 6 months and	is in connection with	h the return of my personal and	
household goods. Former foreign residence of the control of the c	longo address					
FOITHER TOTELIGHT TESTO	ence address					
Data of tarmination (of foreign regidency	Duration of foreign re-	oidonos,			
Date of termination of	of foreign residency	Duration of foreign res	sidency	Years	Months	
and belief, it is true, con	mplete, and correct. I understa	and the penalty for willfully	delivering a false retu	rn to DRS is a fine of not i	nents) and, to the best of my knowledge more than \$5,000, or imprisonment for hich the preparer has any knowledge.	
Taxpayer signature		Title		Date		
Print taxpayer name		Telephone number		Taxpayer SSN	Taxpayer SSN	
		()				
Paid preparer signature				Preparer's SSI	Preparer's SSN or PTIN	
Preparer's address						
Fiehalei s addiess						
For telepho	one assistance, call the E	Excise Taxes Unit at 86	60-541-3224, Mon	day through Friday, 8	3:30 a.m. and 4:30 p.m.	
Validated endorsen	nent on this section, togeth	er with an endorsed For	m S&BT. is your per	mit to import the alcoho	olic beverages referenced above.	
	This section to be			•	•	
Date of receipts			Date action	tokon:		
Date of receipt:			Date action	taken.		
Action taken:	ken: Application granted		By:			
Action taken.	Application		By: Signature			
			3			
	Application of	lenied	Title			