Department of Revenue Services State of Connecticut PO Box 5034 Hartford CT 06102-5034 (New 08/18)

## Form BT-9 Schedule E

## Alcoholic Beverages Tax Sales of Malt Beverages On-Premises Covered by a Valid CT Manufacturer's Permit

For the mo	nth of ,	
Name of Distributor:	ompleting <b>Form O-255</b> , <i>Wholesale Alcoholic Beverages Tax Return</i> .  ort sales of malt beverages, including beer, that were consumed on the premises covued by the Department of Consumer Protection (DCP).	
2. Use this schedule to report sales of malt b	everages, including beer, that were consumed on the premises covered	by a valid
DCP permit number:		
	Beer	

(A) Brand Names  (B) (C) Other Size: Size: Size:  (C) Other Size:	Convert Draft size to Barrels									
Brand Names					Other	Other				
	Brand Names		1/2 Barrels	1/4 Barrels	size:	_ size:	 			
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1. Total Quantity	1.	Total Quantity								
10			.50	.25		1	Total Full Barrels			
3. Full Barrels (Multiply Line 1 by Line 2)	3.	Full Barrels								