STATE OF CONNECTICUT DEPARTMENT OF REVENUE SERVICES PO BOX 5034 HARTFORD CT 06102-5034



IN TRANSIT ITEMS

Rev. 06/00

For the month of _____, ____,

Name of Distributor: _____

Address: _____

1. Use this Schedule to report all purchases made during the month listed above that have not been received.

2. Attach this Schedule to Form BT-5, Schedule A, Receipt of Tax Free Purchases and Tax Free Returns.

NAME AND ADDRESS of person, firm or corporation from whom alcoholic beverages were received or returned	DATE RECEIVED	INVOICE NUMBER	BEER		DISTILLED LIQUOR	STILL WINES Not Over 21% Alcohol Wine Gallons		FORTIFIED WINES	ALCOHOL AND COMPONENTS	LIQUOR COOLER Not Over
			Convert Draft Size to bbls. <i>Barrels</i>	All Other Containers Wine Gallons	Wine Gallons	Produced by	Produced by	Over 21% Alcohol and SPARKLING WINES Wine Gallons	for Manufacturing Wine Gallons	7% Alcohol Wine Gallons

NAME AND ADDRESS of person, firm or corporation from whom alcoholic beverages were received or returned	DATE RECEIVED	INVOICE NUMBER	BEER		DISTILLED LIQUOR	STILL WINES Not Over 21% Alcohol Wine Gallons		FORTIFIED WINES	ALCOHOL AND COMPONENTS	Not Over
			Convert Draft Size to bbls. <i>Barrels</i>	All Other Containers Wine Gallons	Wine Gallons	Produced by Wineries that are not Small Wineries	Draducad by	Over 21% Alcohol and SPARKLING WINES Wine Gallons	for Manufacturing Wine Gallons	7% Alcohol Wine Gallons

FORM BT-5A, SCHEDULE A1, Back (Rev. 06/00)