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

Rev. 05/00

FORM BT-5
SCHEDULE A

Alcoholic Beverages Tax

RECEIPT OF TAX FREE PURCHASES AND TAX FREE RETURNS

For the month of _____ , _____

Name of Distributor: _____ Address: _____

1. Use this Schedule when completing **Form O-255**, *Wholesale Alcoholic Beverages Tax Return*.
2. Use this Schedule to report all purchases made during the month listed above on which Alcoholic Beverages Tax was not paid.
3. Use this Schedule to report those alcoholic beverages that were returned to you for credit and on which Alcoholic Beverages Tax was not paid. Mark all such items with an asterisk (*).
4. Use this Schedule to report the total withdrawals from bonded warehouses for the month. Please list the total for each warehouse separately.
5. Use **Form BT-5A, Schedule A1,** *In Transit Items*, to report in transit items (for example, items purchased during the month that have not been received).

NAME AND ADDRESS of person, firm or corporation from whom alcoholic beverages were received or returned	**DATE RECEIVED**	**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 *Wine Gallons*	**LIQUOR COOLER** Not Over 7% Alcohol *Wine Gallons*
			Convert Draft Size to bbls. *Barrels*	All Other Containers *Wine Gallons*		Produced by Wineries that are not Small Wineries	Produced by Small Wineries (Producing 55,000 Wine Gal. or less per year)			

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