STATE OF CONNECTICUT DEPARTMENT OF REVENUE SERVICES PO Box 5034 Hartford CT 06102-5034

Form BT-6 Schedule B

Alcoholic Beverages Tax Receipt of Tax Paid Purchases and Tax Paid Returns

Rev. 04/01

For the month of		,	
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Name of Distributor:

Address: _____

1. Use this schedule when completing Form 0-255, Wholesale Alcoholic Beverages Tax Return.

2. Use this schedule to report all alcoholic beverages received during the month listed above on which alcoholic beverages tax was paid before coming into your possession. Mark all such items with an asterisk (*).

3. Use this schedule to report all alcoholic beverages that were returned to you for credit and on which alcoholic beverages tax was paid.

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>		Wine Gallons	Produced by Wineries That Are Not Small Wineries	Produced by Small Wineries (Producing 55,000 Wine Gal. or less per year)	WINES	for Manufacturing Proof Gallons	7% Alcohol Wine Gallons

			BEER		DISTILLED LIQUOR	STILL WINES Not Over 21% Alcohol Wine Gallons		FORTIFIED WINES Over 21%	COMPONENTS	LIQUOR COOLER Not Over
	DATE RECEIVED	INVOICE NUMBER	Convert Draft Size to bbls. <i>Barrels</i>	All Other Containers Wine Gallons	Wine Gallons	Produced by Wineries That Are Not Small Wineries	Produced by Small Wineries (Producing 55,000 Wine Gal. or less per year)	Alcohol and SPARKLING WINES Wine Gallons	for Manufacturing Proof Gallons	7% Alcohol Wine Gallons
Total										