Department of Revenue Services State of Connecticut PO Box 5034 Hartford CT 06102-5034 (New 10/19)

vices Form BT-10 Schedule F Alcoholic Beverages Tax Sales of Beer Sold On-Premises Covered by a Valid CT Manufacturer's Permit for Off-Premises Consumption

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 sales of beer that was sold on the premises for off-premises consumption covered by a valid manufacturer's permit issued by the Department of Consumer Protection (DCP).

DCP permit number: _____

Convertible		Beer Convert Draft size to Barrels					
			(1	7		
(A)	(B)	(C)	(D)	(E)			
Brand Names	1/2 Barrels	1/4 Barrels	Other size:	Other size:	_		
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1. Total Quantity					Total		
2. Barrel Multiplier	.50	.25		_	Full Barrels		
3. Full Barrels (Multiply Line 1 by Line 2.) Add Columns B, C, D , and E. Enter the amount in <i>Total Full Barrels</i> .							
4. Enter the amount	Mul	tiply Line 3, Tot	al Full Barrel	s, by 50% (.50).			