

Form BT-9 Schedule E

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

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 consumed on the premises covered by a valid manufacturer's permit issued by the Department of Consumer Protection (DCP).

DCP permit number: _____

Beer

Convert Draft size to Barrels

(A) Brand Names	(B) ½ Barrels	(C) ¼ Barrels	(D) Other size: _____	(E) Other size: _____	
1. Total Quantity					Total Full Barrels
2. Barrel Multiplier	.50	.25			
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> .					

Enter Total Full Barrels on Form O-255, Schedule 1, Column 1, Line 13a.