Department of Revenue Services State of Connecticut PO Box 5034 Hartford CT 06102-5034 (Rev. 06/20)

## Form BT-6 Schedule B

## Alcoholic Beverages Tax Receipt of Tax Paid Purchases and Tax Paid 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 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.

All other containers
Wine Gallons

Name and Address Of person, firm, or corporation from whom alcoholic beverages were received or returned	Date Received Inv		Beer		Distilled	Still Wines Not Over 21% Alcohol Wine Gallons		Fortified Wines Over 21%	Alcohol and Components	Coolers	Cider Not More Than 7% Alcohol	
		Invoice Number	Convert draft size to bbls.  Barrels	All other containers Wine Gallons	<b>Liquor</b> 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 I. Wine Gallons	for Manufacturing Proof Gallons	Not Over 7% Alcohol Wine Gallons	Convert draft size to bbls.  Barrels	All other containers Wine Gallons
То	otal	ı										