Department of Revenue Services
State of Connecticut
PO Box 5034
Hartford CT 06102-5034

(Rev. 08/23)

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: _____

Beer

(A) Brand Names	(B) ½ Barrels	(C) ¼ Barrels	(D) Other size:_____	(E) Other size:_____	
	Convert Draft size to Barrels				
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 *Total Full Barrels*.					
4. Multiply Line 3, *Total Full Barrels*, by 40% (.40). Enter the amount here and on Form O-255, *Schedule 1*, Column 1, Line 13b.					