



193240049

AMENDED/SCHEDULES

Name			
Trade Name			
Street Address	City	State	Zip Code +4
Permit Number	Email Address		

Office Use Only

Check Number _____

Amount \$ _____

Deposit Date _____

BEER TAX DETERMINATION

Summary of Beer Deliveries into Maryland

Period End Date (MM/YYYY) ► _____

	A Consignee	B Gallons	C Consignee	D Gallons
1			9	
2			10	
3			11	
4			12	
5			13	
6			14	
7			15	
8			16	
17	Total Gallons (Columns B and D, Lines 1 through 16)			
18	Gallon Adjustments			
19	Net gallons of beer subject to tax (line 17 plus or minus line 18)			
20	Beer tax per gallon \$.09			X .09
21	Net tax due (Line 20 x Line 19)			\$

Affidavit

I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information and belief.

Print Name

Signature

Title: Owner, Partner or Officer

Date

**MARYLAND
FORM
324** **NON-RESIDENT BREWERY AND
RESIDENT/NON-RESIDENT
DEALER BEER TAX RETURN
INSTRUCTIONS**

This return, together with remittance of tax due, shall be properly filed and physically received by the Alcohol Tax office no later than the 15th day of the month following the month which the return covers. The return shall be submitted with Form COM/RAD 030. Remittance shall be in the form of Direct Debit at www.marylandtaxes.gov or check or money order payable to the "Comptroller of Maryland".

Column Line

- | | | |
|-------|------|--|
| A & C | 1-16 | From individual forms COM/RAD 030, insert the name of the consignee within the State of Maryland. |
| B & D | 1-16 | Insert the number of gallons delivered to each consignee, as indicated on line 25, Form COM/RAD 030. |
| | 17 | Insert on this line the total of column B (lines 1-8) plus column D (lines 9-16). |
| | 18 | Gallon adjustments (Submit supporting documentation). |
| | 19 | Insert the total of line 17 minus line 18, plus or minus line 19. |
| | 20 | This line shows the Maryland beer tax rate. |
| | 21 | Multiply line 20 by line 19 and insert the result (net tax due). |

The completed form COM/RAD 324 must be signed by the owner, partner or officer of the corporation. If this is a corporation, an officer (President, Vice-President, Secretary or Treasurer) must sign.

Contact Information:

Comptroller of Maryland
Revenue Administration Division
Returns Processing
Alcohol Tax Office
PO Box 2999
Annapolis, MD 21404-2999

Telephone: 410-260-7127 or 800-638-2937

Fax: 410-260-7924

www.marylandtaxes.gov