

|   |  |  |          |
|---|--|--|----------|
| Common Carrier's Corporate Name and Trading As (T/A) Name |  | Federal Employer ID Number (FEIN)<br>-     |          |
| Street Address  |  |  |          |
| City  |  | State                                      | Zip Code |
| Email Address   |  | Common Carrier Permit Number<br><b>CC-</b> |          |

For Calendar Quarter

**January - March**                       **April - June**  
 **July - September**                       **October - December**

**DELIVERY OF DIRECT WINE SHIPMENTS TO CONSUMERS IN MARYLAND**  
**TOTAL NUMBER OF CASES OR BOTTLES OF WINE SHIPPED IN LITERS TO CONSUMERS**  
**DURING REPORT QUARTER**

1. **Size:**                      **4L**        **3L**        **1.5L**    **750ml**    **375ml**    **187ml**    **100ml**    \_\_\_\_\_
2. # of Cases:    \_\_\_\_\_
3. # of Bottles:    \_\_\_\_\_
4. **Total Liters Shipped by Case or Bottle** . . . . . 4. \_\_\_\_\_

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 \_\_\_\_\_ Title: Owner, Partner or Officer \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**COMMON CARRIER DIRECT  
WINE SHIPMENT REPORT**

|                                 |  |
|---------------------------------|--|
| Common Carrier's Corporate Name | Federal Employer ID Number (FEIN)<br>- |
|---------------------------------|--|

|           | A<br>Name & Address<br>of Direct Wine Shipper | B<br>Date of<br>Shipment | C<br>Name & Address<br>of Consumer Shipped to | D<br>Date of<br>Delivery<br>to<br>Consumer | E<br>Total Liters<br>Shipped |
|-----------|---|--------------------------|---|--|------------------------------|
| <b>1</b>  |   |                          |   |  |                              |
| <b>2</b>  |   |                          |   |  |                              |
| <b>3</b>  |   |                          |   |  |                              |
| <b>4</b>  |   |                          |   |  |                              |
| <b>5</b>  |   |                          |   |  |                              |
| <b>6</b>  |   |                          |   |  |                              |
| <b>7</b>  |   |                          |   |  |                              |
| <b>8</b>  |   |                          |   |  |                              |
| <b>9</b>  |   |                          |   |  |                              |
| <b>10</b> |   |                          |   |  |                              |

This report shall be properly filed and physically received by the Revenue Administration Division no later than the 21st day of the quarter following the quarter in which wine was shipped to consumers in Maryland.

| <b>Tax Period</b>  | <b>Due Date</b> |
|--------------------|-----------------|
| January – March    | April 21st      |
| April – June       | July 21st       |
| July – September   | October 21st    |
| October – December | January 21st    |

**Page 1 - Delivery of Direct Wine Shipments to Consumers in Maryland**

**Line**

- 1 If a size is not listed on the form, state the size in the blank box and indicate number of cases and bottles shipped
- 2 **Number** of cases of wine shipped to consumers for each size
- 3 **Number** of bottles of wine shipped to consumers for each size
- 4 **Total amount** of all liters of wine shipped by case or bottle (Milliliters must be converted to liters, e.g., 750ml = 0.75 liters)

**Page 2 - Each Wine Shipment to Consumers**

**Column Line**

- |   |      |   |
|---|------|---|
| A | 1-10 | Direct Wine Shipper's name and address                    |
| B | 1-10 | Date of shipment of wine to consumer                      |
| C | 1-10 | Name and address of consumer shipped to on shipping label |
| D | 1-10 | Date of delivery of wine to consumer                      |
| E | 1-10 | Total liters of wine shipped to address of consumer       |

This report 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.

Mail report to:

Comptroller of Maryland  
Revenue Administration Division  
Returns Processing  
P.O. Box 2999  
Annapolis, Maryland 21404

For more information

Telephone: 410-260-7127 or 1-800-638-2937  
Fax: 410-260-7924  
<http://compnet.comp.state.md.us/>  
<http://www.marylandtaxes.com>