STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES
Operations Division
PO Box 5031
Hartford CT 06105-5031

(Rev. 08/01)

Form BT-22-(2)

Alcoholic Beverages Tax
Inventory Report of Alcoholic Beverages

This Page No. _____

Last Page No. _____

Name _____ Liquor Control Permit Number _____ Connecticut Tax Registration Number _____

Use this form to complete **Form BT-22**, *Summary of Inventory of Wholesalers and Manufacturers.*

Beer and Other Malt Liquors

Draught Barrels Only

(A) Brand Names	(B) 1/2 Barrels	(C) 1/4 Barrels	(D) Other size:_____	(E) Other size:_____	
1. Total Quantity					
2. Barrel Multiplier	.50	.25			Total Full Barrels
3. Full Barrels (Multiply Line 1 by Line 2)					

Enter Total Full Barrels on Form BT-22, Line 2.