STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES
Excise/Public Services Taxes Subdivision
25 Sigourney Street
Hartford CT 06105-5032

Rev. 06/01

Form BT-5A
Schedule A1
Alcoholic Beverages Tax
In Transit Items

For the month of _____ , _____

Name of Distributor: _____ Address: _____

Instructions

1. Use this form to report all purchases of alcoholic beverages made during the month listed above that have not been received.
2. Attach this form to **Form BT-5, Schedule A,** *Alcoholic Beverages Tax - Receipt of Tax Free Purchases and Tax Free Returns.*

NAME AND ADDRESS of person, firm, or corporation from whom alcoholic beverages were purchased during the month listed above but that have not been received	**DATE OF PURCHASE**	**INVOICE NUMBER**	**BEER**		**DISTILLED LIQUOR** *Wine Gallons*	**STILL WINES** Not Over 21% Alcohol *Wine Gallons*		**FORTIFIED WINES** Over 21% Alcohol and SPARKLING WINES *Wine Gallons*	**ALCOHOL AND COMPONENTS** for Manufacturing *Proof Gallons*	**LIQUOR COOLERS** Not Over 7% Alcohol *Wine Gallons*
			Convert Draft Size to bbls. *Barrels*	All Other Containers *Wine Gallons*		Produced by Wineries That Are Not Small Wineries	Produced by Small Wineries (Producing 55,000 Wine Gal. or less per year)			

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