B-C-715
Web
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Beer Shipping Report
Nonresident Vendor or Resident Brewery
North Carolina Department of Revenue

Return for Month Ended *(MM-DD-YY)* __ - __ - __

DOR Use Only __ / __ / __

FEIN or SSN

NCDOR ID/Account Number

ABC Permit Number

Fill in circle if applicable:
- ○ Amended Return
- ○ No Transactions

Legal Name *(First 35 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)*

Trade Name

Mailing Address

City **State** **Zip Code**

Name of Contact Person **State of Domicile**

Phone Number **Fax Number**

Number of Gallons of Beer Sold In North Carolina During Month

Invoice Date	Invoice Number	Names and Addresses of Wholesalers, Importers, and Purchasers	Beer *(In Gallons)*

Gallons Sold *(From Page 2)*

Total Gallons Sold *(Add the total amount of gallons reported for the month and enter the sum.)* ▶

(continued on Page 2)

Signature: _____ Title: _____ Date: _____
I certify that, to the best of my knowledge, this return is accurate and complete.

For your convenience, electronic payment methods are available through our website at www.dornc.com.

This report must be filed monthly by each nonresident vendor or resident brewery that sells malt beverages in North Carolina, including any sample products. The report is due on or before the 15th day of the month following the month in which the beverages are sold and must list the total gallons of beer by invoice. Copies of invoices covering shipments made into North Carolina must be maintained for three years for audit purposes. A report is due even if there are no transactions for the month.

North Carolina Department of Revenue, PO Box 25000, Raleigh, North Carolina 27640-0110

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 Legal Name ____________________ **NCDOR ID** ____________

Number of Gallons of Beer Sold In North Carolina During Month *(continued from Page 1)*

Invoice Date	Invoice Number	Names and Addresses of Wholesalers, Importers, and Purchasers	Beer *(In Gallons)*

Gallons Sold *(Add the total amount of gallons reported on this page and enter the sum here and on Page 1)* ____________