

FORM BT-4-BW

MONTHLY REPORT OF CUSTOM BONDED WAREHOUSES

Rev. 06/00

This monthly report must be filed with the Commissioner of Revenue Services not later than the last day of the month following the calendar month being reported. **Attach all schedules as noted on the reporting lines below.**

Name of Licensed Distributor	Return for Month of:
Address where Business is Licensed	License No.
City or Town, State	ZIP+4
Location of Warehouses	Name of Permittee
	Liquor Control Commission Permit Number

	DISTILLED LIQUORS	STILL WINES not over 21% alcohol	FORTIFIED WINES over 21% alcohol and Sparkling Wines	ALCOHOL and components for manufacturing
	Wine Gallons	Wine Gallons	Wine Gallons	Proof Gallons
1. Inventory in Bond at the Beginning of the Month				
2. Total of Merchandise Placed in Custom Bonded Warehouses (Schedule BW-1)				
3. Total (Add Line 1 and Line 2)				
4. Less Inventory in Bond at the End of the Month ..				
5. Accountable Balance (Line 3 minus Line 4)				
6. Total Merchandise Withdrawn From Custom Bonded Warehouses (Schedule BW-2) (Report on Form BT-5, Schedule A)				
7. Total Merchandise Transferred in Bond Outside Connecticut (Schedule BW-3)				
8. Total Merchandise Transferred in Bond Inside Connecticut (Schedule BW-4)				
9. Total Adjustment (Schedule BW-5)				
10. Total (Add Line 6 and Line 9)				
11. Difference, if any (Line 5 minus Line 10)				

DECLARATION: I declare under the penalties of false statement that I have examined this report, **Form BT-4-BW, Monthly Report of Custom Bonded Warehouses**, and to the best of my knowledge and belief it is true, complete, and correct. (The penalty for false statement is imprisonment not to exceed one year or a fine not to exceed two thousand dollars, or both.) Declaration of preparer (other than the taxpayer) is based on all information of which preparer has any knowledge.

<p>Sign Here</p> <p>Keep a copy of this return for your records</p>	Signature of Principal Officer	Title	Date	Telephone Number ()
	Print Name of Principal Officer			
	Paid Preparer's Signature			Date
	Firm Name and Address			▶ Federal Employer Identification Number

For Department use only:

Reviewed by: _____ Audited by: _____