



133750049

Complete form in duplicate. Retain second copy.

Business Name			
T/A Name			
Street Address	City	State	ZIP Code
Permit Number <b>NB-</b>	Email Address		

<b>Office Use Only</b>
Check Number _____
Amount \$ _____
Deposit Date _____

**BEER TAX DETERMINATION**

**Summary of Beer Deliveries into Maryland**

Reporting Month (MM/YYYY) ▶ \_\_\_\_\_

A Consignee		B Gallons	C Consignee		D Gallons
1			9		
2			10		
3			11		
4			12		
5			13		
6			14		
7			15		
8			16		
17	Total Gallons (Columns B and D, Lines 1 through 16)				
18	Credits or balance due from previous months				
19	Net gallons of beer subject to tax (line 17 plus or minus line 18)				
20	Beer tax per gallon \$.09				<b>X .09</b>
21	Net tax due (Line 19 x Line 20)				<b>\$</b>

**Affidavit**

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title-Owner, Partner, Officer

\_\_\_\_\_  
Date

This return, together with remittance of tax due, shall be properly filed and physically received by the Revenue Administration Division no later than the 10th day of the month following the month which the return covers. The return shall be submitted with Form COM/RAD 374. Remittance shall be in the form of a check or money order payable to the "Comptroller of Maryland".

**Column Line**

- |       |      |  |
|-------|------|--|
| A & C | 1-16 | From individual forms COM/RAD 374, insert the name of the consignee within the State of Maryland.  |
| B & D | 1-16 | Insert the number of gallons delivered to each consignee, as indicated on line 26 column 16, Form COM/RAD 374.   |
|       | 17   | Insert on this line the total of column B (lines 1-8) plus column D (lines 9-16).  |
|       | 18   | List on this line plus or minus adjustments to your return as may be discussed and agreed upon with a representative of the Revenue Administration Division. |
|       | 19   | Insert the total of line 17 plus or minus line 18.   |
|       | 20   | This line shows the Maryland beer tax rate.  |
|       | 21   | Multiply line 19 by line 20 and insert the result (net tax due).   |

The completed form COM/RAD 375 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.

**Contact Information:**

COMPTROLLER OF MARYLAND  
REVENUE ADMINISTRATION DIVISION  
ALCOHOL TAX  
PO BOX 2999  
ANNAPOLIS MD 21404-2999  
410-260-7127  
FAX 410-260-7924