

**MARYLAND
FORM
395-1** **NONRESIDENT DISTILLERY MONTHLY
REPORT OF DELIVERIES TO MARYLAND
RETAILERS**

NON-RESIDENT DISTILLERY: _____

PERMIT NUMBER: _____

FOR THE MONTH OF _____ 20_____

CONSIGNEE: (One Consignee Per Page) _____

Page _____ of _____

	1 Date	2 Invoice Number	3 Carrier	4 Brand	5 Size Liters/ml	6 Number of Bottles Sold	7 Number of Cases Sold	8 Bottles per Case	9 Total Gallons
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15								Total Gallons	

**MARYLAND
FORM
395-1** **NONRESIDENT DISTILLERY MONTHLY
REPORT OF DELIVERIES TO MARYLAND
RETAILERS INSTRUCTIONS**

This report, together with Form COM/RAD-395 and COM/RAD-034-5, shall be filed and physically received by the Alcohol and Tobacco Tax office no later than the 10th day of the month, following the month which it covers.

Insert in the spaces provided, the Non-Resident Distillery name and Non-Resident Distillery Permit Number.

In the space provided, indicate the report month and year.

Number the pages as necessary.

Allotting one COM/RAD-395-1 for each consignee, insert the name of the receiving entity (alcoholic beverages retailer) within the State of Maryland. Use additional sheets if necessary. List details of returns, or adjusted shipments for which a credit is issued, in the same manner as deliveries, but as deductions (negative quantities).

Column	Line	
1	1-14	Insert the date the shipment was made or returned.
2	1-14	Insert the invoice or credit number for each shipment or return.
3	1-14 I	Insert the Maryland Public Transportation Permit Number of the carrier contracted to deliver your product to the Maryland retailer, or pick up product for return.
4	1-14	Insert the brand name for the product shipped or returned.
5	1-14	Insert the container size for the product shipped or returned.
6	1-14	If the shipment includes a partial case or single bottles, enter the number of those bottles. If only whole or ½ cases were shipped, use Column 7 instead.
7	1-14	Insert the number of cases for each shipment or return.
8	1-14	Insert the number of bottles per case (or ½ case).
9	1-14	Calculate the number of gallons for each shipment or return.
9	15	Calculate and insert the total of all Column 9 entries for each Maryland retailer. Complete only one line 15 for each consignee even if multiple sheets are used. Carry the total gallons forward to the appropriate line on the COM/RAD-395.

Contact information:

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