

**MARYLAND
FORM
037-5**

**WHOLESALER'S REPORT OF BEER ACQUISITIONS
One Supplier Per Page**

Schedule Type _____

Page _____ of _____

FOR THE MONTH OF _____ 20_____ WHOLESALER'S NAME: _____ WHOLESALER'S PERMIT #: _____

SUPPLIER _____ Non-Resident Dealer, Maryland Brewer or Wholesaler SUPPLIER'S LICENSE OR PERMIT #: _____ Foreign Supplier

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	Invoice Number	Date	Carrier	Number/ Cases 24/7	Number/ Cases 24/10	Number/ Cases 24/11.2	Number/ Cases 24/12	Number/ Cases 24/16	Number/ Cases 12/32	¼ Keg	½ Keg	50 L Keg			
1															
2															
3															
4															
5															
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21															
22															
23															
24															
25															
26	Total Cases/Kegs Received														
27	Multiply by Conversion Factor			1.313	1.875	2.100	2.250	3.000	3.000	7.750	15.500	13.210			
28	Total Gallons by Container Size														
29	TOTAL GALLONS THIS SUPPLIER														

This report together with Form COM/RAD-037, 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 month, year, and company name.

Allotting one COM/RAD-037-5 for each supplier, insert the name of the supplier and the supplier's license or permit number on the lines provided.

In the upper right corner, label each COM/RAD-037-5 with the appropriate schedule type. Only one of the following schedule types may occupy each page:

- a. **Schedule A-1:** Acquisitions from Non-Resident Dealer Permit Holders
- b. **Schedule A-2:** Acquisitions from Maryland Wholesalers and Manufacturers
- c. **Schedule A-3:** Acquisitions from Foreign Suppliers
- d. **Schedule A-4:** Acquisitions from Other Sources (RADach fill explanation.)

Below the schedule type, on the lines provided, consecutively number the pages within each schedule type.

Below the page number, indicate whether the schedule is for a foreign supplier by placing an "X" in the box provided.

Column Line

- 1 1-25 Insert the invoice number for each shipment.
- 2 1-25 Insert the date the shipment was received.
- 3 1-25 Insert the Maryland Public Transportation Permit Number of the carrier or other carrier identification as appropriate.
- 4-15 1-25 Insert the number of cases or kegs of each size received from this supplier.
- 4-15 26 Insert the **total** number of cases or kegs of each size received from this supplier.
- 4-15 27 This line is to be used for the appropriate container-to-gallons conversion factor for each container size.
- 4-15 28 Insert the grand total in gallons of beer received from this supplier. **Complete only one line 30 for each supplier even if multiple sheets are used.**

The total gallons received from each supplier should be transferred to the appropriate line on the Maryland Wholesaler's Monthly Beer Report COM/RAD-037.

Contact information:

Comptroller of Maryland
Revenue Administration Division
Alcohol Tax
PO BOX 2999
Annapolis, MD 21404-2999

Telephone: 410-260-7127 or 800-638-2937
Fax: 410-260-7924