

MARYLAND FORM 532 FAMILY BEER AND WINE FACILITY PERMIT REPORT

See page 2 for complete instructions.

Name of Permit Holder		Permit Number FP-
Mailing Address		
City	State	Zip Code
E-mail Address For the report year	For the report year October 1st - September 30th 20 ____	

BEER

GALLONS

- 1. Produced during month _____
- 2. Samples produced. _____
- 3. Produced for testing equipment, recipes, etc. _____
- 4. Total beer produced. _____

WINE

- 5. Produced during month _____
- 6. Samples produced during month _____
- 7. Produced for testing equipment, recipes, etc.. _____
- 8. Total wine produced _____

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 of permit holder

Title: Owner, Partner or Officer

Type or print name of permit holder

Date

MARYLAND **FAMILY BEER AND WINE FACILITY**
FORM **PERMIT REPORT INSTRUCTIONS**
532

This report, together with form COM/RAD 532-1, shall be filed and physically received by the Comptroller of Maryland, Alcohol and Tobacco Tax Division no later than October 15th following the report year which it covers.

Insert in the space provided the entity name and your permit number.

Indicate the report year the report covers.

LINE INSTRUCTION

- 1 Indicate beer produced by individuals from line 20 of the Detail Report COM/RAD 532-1 designated "Beer."
- 2 Indicate beer produced for sampling from line 20 of the Detail Report COM/RAD 532-1 designated "Beer Samples."
- 3 Indicate beer produced for testing equipment and recipes.
- 4 Add lines 1, 2 and 3 for grand total beer produced.
- 5 Indicate wine produced by individuals from line 20 of the Detail Report COM/RAD 532-1 designated "Wine."
- 6 Indicate wine produced for sampling from line 20 of the Detail Report COM/RAD 532-1 designated "Wine Samples."
- 7 Indicate wine produced for testing equipment and recipes.
- 8 Add lines 5, 6 and 7 for grand total wine produced.

Complete form by having an officer of the company sign and date the report.

Mail tax return to:

Comptroller of Maryland
Revenue Administration Division
Alcohol Tax
P.O. Box 2999
Annapolis, Maryland 21404

For more information:

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