CARRIER'S REPORT

FORM C-220 (08/18)

TABC USE ONLY

TEXAS ALCOHOLIC BEVERAGE COMMISSION

Monthly Report of Interstate Shipments of Alcoholic Beverages

During the Month/Year of:

CHECKED

ENTRY

REPORT IS DUE ON THE 15TH DAY OF THE MONTH FOLLOWING EACH REPORTING PERIOD

TRADE NAME:			PERMIT NUMBER:			
ADDRESS:						
CITY:	STATE:	ZIP CODE:	PHONE NUMBER:			

							COMMODITY	
DATE	CONSIGNOR	CITY /	CONSIGNEE	CITY /	FREIGHT	NUMBER	Liquor, Wine,	DATE
SHIPPED	(Shipped From)	STATE	(Shipped To)	STATE	BILL #	OF PKGS.	Ale, Beer	DELIVERED

AFFIRMATION, Under penalty of perjury, I swear I am an officer or authorized representative of the above Permittee, and I have examined this report, and confirm it is true, correct, and complete.

Signature	E-Mail Address	Title	Date
•	hments must be filed on or before the 15th day of eac lectronically to the e-mail address below. Retain one c		·
remains active, you must file a repor <u>excise.tax@tabc.texas.gov</u> .	t even if no business was conducted. For assis	stance, please contact the Tax Divisior	at (512) 206-3342 or

					COMMODITY			
DATE SHIPPED	CONSIGNOR (Shipped From)	CITY / STATE	CONSIGNEE (Shipped To)	CITY / STATE	FREIGHT BILL #	NUMBER OF PKGS.	Liquor, Wine Ale, Beer	DATE DELIVERED
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