NCDOR
Web-Fill
9-21

B-C-710
Malt Beverages Wholesaler and Importer and Resident Brewery Excise Tax Return

PRINT CLEAR

Return for Month Ended *(MM-DD-YY)*

DOR Use Only

FEIN or SSN

NCDOR ID/Account Number

ABC Permit Number

Fill in circle if applicable:
- ○ Amended Return
- ○ No Transactions

Legal Name *(First 35 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)*

Trade Name

Mailing Address

City **State** **Zip Code**

Name of Contact Person **State of Domicile**

Phone Number **Fax Number**

Part 1. Computation of Malt Beverage Excise Tax

1.	**Beginning Inventory** *(In gallons)*	▶ 1.
2.	**Total Gallons Received or Produced for Sale** *(From Part 2, Total)*	▶ 2.
3.	**Total Gallons Available** Add Lines 1 and 2	3.
4. a.	**Allowable Deductions** *(See Instructions)*	▶ 4a.
b.	**Adjustments to Taxable Transactions** *(From Part 3, Total)*	▶ 4b.
c.	**Military Sales** *(From Part 4, Total)*	▶ 4c.
d.	**Ending Inventory** *(In gallons)*	▶ 4d.
5.	**Total Taxable Gallons** Line 3 minus Lines 4a - 4d	5.
6.	**Total Excise Tax Due** Multiply Line 5 by 61.71¢	▶ 6.
7.	**Discount** Multiply Line 6 by 2% if return with full payment is timely filed; otherwise enter zero.	▶ 7.
8.	**Net Tax Due** Line 6 minus Line 7	▶ 8.
9.	**Penalty** *(10% for late payment; 5% per month, maximum 25%, for late filing)* Multiply Line 6 by rate above if return with full payment is not filed timely.	▶ 9.
10.	**Interest** *(See the Department's website, www.ncdor.gov, for current interest rate.)* Multiply Line 6 by applicable rate if return with full payment is not filed timely.	▶ 10.
11.	**Total Payment Due** Add Lines 8 through 10	11. $

Signature: _____ Title: _____ Date: _____
I certify that, to the best of my knowledge, this return is accurate and complete.

For your convenience, electronic payment methods are available through our website at www.ncdor.gov.

Returns are due on or before the 15th day of the month following the month in which the malt beverage is first sold or disposed of. Any payment must be drawn on a U.S. (domestic) bank and payable in U.S. dollars.

Mail to: North Carolina Department of Revenue, PO Box 25000, Raleigh, NC 27640
Questions: Contact Excise Tax Divsion at: Telephone Number: (919) 733-3641; Fax Number: (919) 250-7898

Part 2. Malt Beverage Received by Wholesalers and Importers During the Month
Malt Beverage Produced for Sale by Resident Breweries During the Month

Invoice Date	Invoice Number	Names and Addresses of Suppliers	Malt Beverage *(In Gallons)*

Total Gallons Received or Produced for Sale *(To Part 1, Line 2)*

Part 3. Malt Beverage Purchased from Other Resident Wholesalers or Importers During the Month

Invoice Date	Invoice Number	Names and Addresses of Wholesalers or Importers	Malt Beverage *(In Gallons)*

Total Adjustments to Taxable Transactions *(To Part 1, Line 4b)*

Part 4. Malt Beverage Sales to U.S. Military in North Carolina During the Month

Invoice Date	Invoice Number	Names and Addresses of U.S. Military Bases	Malt Beverage *(In Gallons)*

Total Gallons Sold to Military *(To Part 1, Line 4c)*