OUT OF STATE SUPPLIER REPORT OF ALCOHOLIC BEVERAGES SHIPPED
TO DELAWARE IMPORTERS

TO: DELAWARE DIVISION OF REVENUE
BUSINESS AUDIT BUREAU
ATTN: HOLLY REYNOLDS
820 N. FRENCH STREET
WILMINGTON, DE 19801
HOLLY.REYNOLDS@STATE.DE.US

Shipments of alcoholic beverages to Delaware Importers
for the month of: ____________________________  License No. ____________________________

☐ Check here if you had no shipments to report during this month.

<table>
<thead>
<tr>
<th>DATE</th>
<th>INVOICE NUMBER</th>
<th>P.O. NUMBER</th>
<th>NAME OF DELAWARE IMPORTER</th>
<th>TYPE</th>
<th>TOTAL CASES</th>
<th>TOTAL GALLONS</th>
<th>TOTAL BARRELS</th>
</tr>
</thead>
</table>

| TYPE | W = WINES | HS = HIGH SPIRITS | LS = LOW SPIRITS | C = CIDER | B = BEER |

The information submitted in the foregoing report is certified to be a full, true and correct statement of the out of state supplier named below to the knowledge and belief of the undersigned. Copies of invoices are not required. Report is due by the 15th of the month.

__________________________  ____________________________
NAME OF SUPPLIER  DATE

__________________________  ____________________________
NAME OF OFFICER  SIGNATURE

__________________________  ____________________________
TELEPHONE NUMBER