

ALCOHOLIC BEVERAGE CONTROL  
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**DISTRIBUTORS' MONTHLY REPORT OF SALES - CONTINUED**

Distributor Name: \_\_\_\_\_ FEIN: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

No.	Product Type	Code	Buyer's License / Permit Number	Invoice Number	Invoice Date	GTIN/SCC (Optional)	UNIMERC	Selling Units	Product Unit Size	Unit of Measure	Shipment Quantity	Shipment Unit of Measure	Unit Price

I declare under penalties of perjury that to the best of my knowledge and belief this is a true, correct and complete return.

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_  
State whether individual owner, member of firm or title if officer of corporation.