



\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip

Account #: \_\_\_\_\_

WV/BER-01  
 rtL171 v.4

### DISTRIBUTOR / WHOLESALE OF BEER BARREL REPORT

Period Ending:	Due Date:	FINAL <input type="checkbox"/>	AMENDED <input type="checkbox"/>	
<b>SECTION 1 - BREWER PURCHASES</b>				
INVOICE DATE	INVOICE #	ABCA LICENSE #	BREWER NAME	BARRELS RECEIVED
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<b>Total Purchases</b>				.

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT  
 Tax Account Administration Div  
 P.O. Box 2991, Charleston, WV 25330-2991  
 FOR ASSISTANCE CALL (304) 558-3333 TOLL FREE (800) 982-8297  
 For more information visit our web site at: [www.wvtax.gov](http://www.wvtax.gov)  
 File online at <https://mytaxes.wvtax.gov>



### DISTRIBUTOR / WHOLESALE OF BEER BARREL REPORT

SECTION 2 - TRANSFERS IN (DISTRIBUTOR)				
INVOICE DATE	INVOICE #	ABCA LICENSE #	BREWER NAME	TOTAL BARRELS
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SECTION 3 - TRANSFERS OUT (DISTRIBUTOR)				
INVOICE DATE	INVOICE #	ABCA LICENSE #	BREWER NAME	TOTAL BARRELS
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Sign Your Return			
Under penalties of perjury, I declare that I have examined this return (including accompanying schedules and statements) and to the best of my knowledge and belief it is true and complete.			
(Signature of Taxpayer)	(Name of Taxpayer - Type or Print)	(Title)	(Date)
(Person to Contact Concerning this Return)	(Telephone Number)	(E-mail Address)	
(Signature of preparer other than taxpayer)	(Address)	(Date)	

