

FORM S&BT

PAYMENT OF TAXES DUE ON THE IMPORTATION OF ALCOHOLIC BEVERAGES

Rev. 07/00

Name _____ Social Security Number _____

Address _____ () _____
Number and Street Telephone Number

City/Town State ZIP Code

An alcoholic beverages tax is imposed on the storage or use within Connecticut of any untaxed alcoholic beverages in the possession of any person other than (1) a licensed alcoholic beverages distributor or (2) a carrier for transit from outside Connecticut to a licensed alcoholic beverages distributor in Connecticut. "Untaxed alcoholic beverages" are alcoholic beverages that have not previously been subject to the Connecticut alcoholic beverages tax. Purchases of untaxed alcoholic beverages are also subject to Connecticut sales and use taxes.

Complete **Schedule A** on the reverse side first

A Type of Beverage	B No. of Gallons	C Tax Rate	D Alcoholic Beverage Tax	E Gross Purchase Price
1. Beer and malt beverages		X \$.20	\$	\$
2. Distilled liquor		X \$4.50	\$	\$
3. Still wines not in excess of 21%		X \$.60	\$	\$
4. Still wines over 21% & sparkling wines		X \$1.50	\$	\$
5. Liquor cooler not over 7% alcohol		X \$2.05	\$	\$
6. TOTALS			\$	\$
7. Use tax - Multiply the amount entered in Column E, Line 6 by 6% (.06)			\$	
8. Sales or use tax paid to other jurisdictions (if any)	(Enter total from Schedule A, Column E)		\$	
9. Use tax due (Subtract Line 8 from Line 7. If less than zero, enter -0-.)			\$	
10. TOTAL AMOUNT DUE (Add Line 9 and the amount entered in Line 6, Column D)			\$	

If you need information or assistance, call the Excise/Public Services Taxes Unit at 860-541-3225, Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m.

Make certified check or money order payable to: COMMISSIONER OF REVENUE SERVICES.
 Mail to: State of Connecticut, Department of Revenue Services, 25 Sigourney Street, Hartford CT 06106-5032

I declare under the penalty of false statement that I have examined this form for payment of taxes on the importation of alcoholic beverages, **FORM S&BT**, and, to the best of my knowledge and belief it is true, complete, and correct. (The penalty for false statement is imprisonment not to exceed one year or a fine not to exceed two thousand dollars, or both.)

Signature Date

For Department Use Only

Reviewed by: _____

Approved:

