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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**REPORT OF ALCOHOLIC LIQUOR
SHIPMENTS INTO SOUTH CAROLINA**

L-AL-106
(Rev. 8/2/12)
4121

BY _____
Distillery, Importer or Rectifier _____ Address _____ Zip Code _____

ENDING PERIOD _____
Month _____ Year _____

Certificate of Registration No. _____ This total of all shipments must be shown and report filed with the South Carolina Department of Revenue, Miscellaneous Tax Section, P.O. Box 125, Columbia, South Carolina 29214-0137, by the tenth of each month. Please attach copies of invoices for shipment.

Invoice Date	Invoice Number	Shipped to:		Standard U.S. Size Cases*	Cases 24/11.5 oz. 24/12 oz.	Cases 12/23 oz. 12/24 oz. 6/48 oz.	Cases 48/200 ml.	Cases 24/500 ml. 12/1 liter	Cases 12/750 ml.	Cases 6/1.75 ml.	Cases of Miniatures
		Wholesalers (W) Name	Military (M) W/M								

*This includes 48/8 oz., 24/16 oz., 12/25.6 oz., 12/32 oz., 6/64 oz., 3/128 oz.

By signing this application, I certify that all the information listed above has been examined by me and to the best of my knowledge is correct and complete.

Signed _____
Owner or Member of Firm _____ Title _____ Date _____ Telephone number _____