

DIS-01

West Virginia Wine Distributor's Report Instructions

USE BLACK OR BLUE INK FOR ALL INFORMATION

- You must file this report monthly, even if no activity occurred during the month.
- Your report must be postmarked by the 15th of the month following the report month. *i.e. Transactions for January 1st through 31st, reports are due on or before February 15th.*
- Final – Check only if this is your last report to be filed and the account should be closed.
- Amended – Check only if this report is a change to a report previously filed. **Must provide backup documentation along with letter of explanation.**
- Provide all information and Schedules requested.

Note: Prepare this report in duplicate. Mail the original with invoices and payment of taxes to the WV State Tax Department. Mail a copy of return and invoices to the Alcohol Beverage Control Administration, 900 Pennsylvania Ave 4th FL, Charleston, WV 25302 on or before the 15th of day of the month.

Summary of Wine Purchases, Sales & Inventory:

Note: Must first complete Schedules A, B, C, D and E.

Line 1 Inventory Beginning of the Month. (Enter the beginning inventory for the period covered by this return).

Line 2 Supplier Purchases Received During the Month (Enter total from Schedule A).

Line 3 Transfers In (Enter the total from Schedule B).

Line 4 Pickups (Should always be 0). If you have an amount to report on this line, please attach an explanation.

Line 5 Total (Add Lines 1 through 4).

Line 6A Breakage, Leakage, Spoilage and Shortages (Enter Amount from Schedule D).

Line 6B Samples (Enter total from Schedule E).

Line 7 Transfers Out (Enter total from Schedule C).

Line 8 All other Transfers Out (Usually -0-) If you have an amount to report on this line, please attach an explanation.

Line 9 Total Liters Sold to Retailers & Clubs During the Month.

Line 10 Total Depletions of Inventory (Add Lines 6 through 9).

Line 11 Inventory at the End of the Month (Line 5 minus Line 10).

Note: Please sign this report and file with the

**West Virginia State Tax Department
PO Box 2991
Charleston, WV 25330-2991**

If you have any questions about these reporting procedures, please contact the West Virginia State Tax Department, Tax Account Administration Division, 1001 Lee Street East, Charleston, WV 25301-1725, or call (304) 558-3333. You can also visit our website: tax.wv.gov.

Note: For the return to be considered timely filed, information contained in the schedules must be completed and filed with the return. Taxpayers reporting more than ten invoices on any schedule should electronically at mytaxes.wvtax.gov.

SCHEDULE A – SUPPLIER PURCHASES (LIST ONLY FROM SUPPLIERS):

Supplier: Enter the name of the supplier from whom you purchased.

Location: Enter the location of the supplier.

Invoice Date: Enter the invoice date.

Invoice Number: Enter the Invoice Number.

Total Liters: Enter total liters purchased.

Total Schedule A: Enter here and on Page 1 Line 2.

SCHEDULE B – TRANSFERS IN (LIST ONLY PURCHASE TRANSFERS FROM OTHER DISTRIBUTORS):

Supplier: Enter the name of the Distributor from whom you transferred.

Location: Enter the location of the distributor

Invoice Date: Enter the invoice date.

Invoice Number: Enter the invoice number.

Total Liters: Enter total liters transferred.

Total Schedule B: Enter total here and on Page 1 Line 3.

SCHEDULE C – TRANSFERS OUT (LIST ONLY SALES TO OTHER DISTRIBUTORS):

Supplier: Enter the Name of the Distributor to whom you transferred.

Location: Enter the Location of the Distributor

Invoice Date: Enter the invoice date.

Invoice Number: Enter the Invoice Number.

Total Liters: Enter total liters transferred.

Total Schedule C: Enter here and on Page 1 Line 7.

SCHEDULE D – DISTRIBUTOR'S BREAKAGE, LEAKAGE, SPOILAGE & SHORTAGES:

Enter only the total for breakage, leakage, spoilage and shortages. Itemization is not required. (Enter total here and on Page 1 Line 6A).

SCHEDULE E – DISTRIBUTOR'S SAMPLES TO RETAILERS:

Enter each sample given in the reporting period covered by this return as a separate item.

Date: Enter the date sample was given.

Retailer: Enter the name of the Retailer to whom the sample was given.

License Number: Enter the ABCA License Number for the Retailer.

Brand Name: Enter the brand name of the sample

Size: Enter the size of the sample.

Quantity (Bottles): Enter the quantity given.

Extended Liters: Enter the extended liters given.

Enter total samples to retailers (in liters) (Enter here and on Page 1 Line 6B).