INSTRUCTIONS FOR

MANUFACTURER/IMPORTERS REPORT OFSHIPMENTS

OF TABLE WINE CONTAINING 16.5% OR LESS ALCOHOL BY VOLUME (ABV)

**FORM TW\_1\_CLASS I TABLE WINE\_16.5% OR LESS ALCOHOL ABV**

Manufacturer/Importer Report of Table Wine containing 16.5% or less ABV Shipments is due prior to the 20th of each month for all shipments made to each wholesaler during the preceding month.

**License Number**: Your complete license number assigned by the Alcohol Beverage Control Board. (Example: 200-000123456. The complete license number is the type (“200”) and the 9 digits shown as license number.)

**Manufacturer/Importer Name**: Trade name as listed on your license issued by the Alcohol Beverage Control Board.

**Contact Person:** Name of contact person if we have any questions about this report. If that person has changed since your last report, please check the box for new contact.

**E-Mail Address:** E-Mail address of the contact person listed above.

**Phone #:**  Phone number of the contact person listed above.

**Fax #:** Fax number of the contact person listed above

**Reporting Period**: Month and year this report covers.

**Sizes**: State each container size of table wine containing 16.5% or less ABV shipped separately. The preferred method is to state “containers per case/size in liters”. Please refer to our list of standard table wine sizes for guidance. You may add columns as needed. Please make sure that any columns you add do give a total on the last line of the report.

**BODY OF REPORT**

These lines are used to report, **by wholesaler, by invoice number**, each shipment of table wine containing 16.5% or less ABV to wholesalers made during the month. You may add lines as needed. Please make sure that totals at the end of the report include all lines you may have added.

* **Wholesaler Sold To** – The trade name of the wholesaler that table wine containing 16.5% or less ABV was shipped and sold to during the month as it appears on the license issued by the ABC Board.
* **City Location of Wholesaler** – The city where the wholesaler is located.
* **License Number** – The complete license number of the wholesaler issued by the ABC Board. (Example: 100-000123456. The complete license number is the type (“100”) and the 9 digits shown as license number.)
* **Invoice Number** – The invoice number of document listing products by case/size which were shipped and sold to wholesaler. This number should be the **exact number**, including alphabets and numerals, as shown on the invoice. Each invoice **must be** stated separately. Order numbers **are not** acceptable.
* **Date Shipped** - The date from the invoice that the product was shipped to the wholesaler.
* **Cases Shipped** – The number of cases for each product size shown on each invoice shipped during the month.
* **Last Line** – The total cases of each size shipped during the month.

Please refer to the SAMPLE attached for guidance in completing this form.

If you have questions, you may contact the Audit Division at (334) 260-5408.