



Beer Tax Return (and Similar Fermented Malt Beverages)

Tax Law — Article 18

Mail to: NYS TAX DEPARTMENT ABT PROCESSING PO BOX 22025 ALBANY NY 12201-2025
Monthly filers: File each month on or before the 20th day of the next month. Do not use this form for periods prior to May 2009 (see instructions).
Annual filers: Do not use this form for 2009 (see instructions).
Enter legal name and address if not preprinted
Business telephone number ( )
Nature of business
[ ] Manufacturer [ ] Importer
[ ] No business this period
[ ] Cancel registration
[ ] Amended return
Beer tax registration number
Employer identification number or social security number
SLA license number

Inventories and purchases
1 Gallons on hand at beginning of period covered by this return
2 Gallons produced
3 Tax-free gallons purchased during the period (from Schedule A on back)
4 Tax-paid gallons purchased during the period (from Schedule B on back)
5 Total (add lines 1 through 4)
6 Gallons on hand at end of period covered by this return
7 Gallons to be accounted for (subtract line 6 from line 5)

Computation of taxable gallons of beer — New York State
8 Loss and waste (explain on separate sheet)
9 Purchases on which the alcoholic beverages tax was included in the purchase price (from Schedule B on back)
10 Sales to customers outside New York State (from Form MT-51, Schedule C)
11 Tax-free sales to customers within New York State (from Form MT-52, Schedule D)
12 Total deductions (add lines 8 through 11)
13 Net gallons (subtract line 12 from line 7)
14 Exempt gallons brewed and sold or used in New York State (see instructions)
15 Net taxable gallons (subtract line 14 from line 13)

Computation of tax
16 Taxable gallons (enter in the New York State column the amount from line 15 above; enter in the New York City column the amount from Form MT-53, Schedule E, line 8, if applicable)
17 Tax rate
18 Tax due (multiply line 16 amounts by the rate(s) on line 17)
19 Adjustments from prior returns (enter any subtraction in brackets []; explain on a separate sheet)
20 Balance due (subtract line 19 from line 18)
21 Penalties (see instructions)
22 Interest (see instructions)
23 Total amount due (add lines 20, 21, and 22)

24 Payment — Make check or money order payable to: Commissioner of Taxation and Finance. Write on your check Form MT-50, your identification number, and the period you are reporting ..... 24 Payment enclosed

Certification. I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Date Authorized signature Official title
Date Signature of individual or name of firm preparing this return Preparer's address

Attach an explanation for any entries made on lines 8 and 19 and copies of Forms MT-51 (in duplicate), MT-52 and MT-53, if applicable.
Keep a completed copy of the return and all attachments for your records.
For office use only

