



190241049

NAME: \_\_\_\_\_

Period End Date (MM/YYYY) \_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

MD RETAILER: (One Retailer Per Page) \_\_\_\_\_ Central Registration Number \_\_\_\_\_

	<b>A</b> Date	<b>B</b> Invoice Number	<b>C</b> Carrier's Permit Number	<b>D</b> Brand	<b>E</b> Size L/MI/Oz	<b>F</b> Number of Bottles or Kegs Sold	<b>G</b> Total Gallons
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15	<b>Total Gallons</b>						

This report, together with Form COM/RAD-024, COM/RAD-034-5 or COM/RAD 037-2 shall be filed and physically received by Alcohol Tax Office no later than the 10th day of the month, following the month which it covers.

Insert in the spaces provided, the Non-Resident Winery, Brewery and Distillery name and Non-Resident Winery, Brewery and Distillery Permit Number. In the space provided, indicate the report month and year.

Number the pages as necessary.

Allotting one COM/RAD-024-1 for each consignee, insert the name of the receiving entity (alcoholic beverages retailer) within the State of Maryland. Use additional sheets if necessary. List details of returns, or adjusted shipments for which a credit is issued, in the same manner as deliveries, but as deductions (negative quantities).

**Column Line**

- A. 1-14 Insert the date the shipment was made or returned.
- B. 1-14 Insert the invoice or credit number for each shipment or return.
- C. 1-14 I Insert the Maryland Public Transportation Permit Number of the carrier contracted to deliver your product to the Maryland retailer, or pick up product for return.
- D. 1-14 Insert the brand name for the product shipped or returned.
- E. 1-14 Insert the container size for the product shipped or returned.
- F. 1-14 Insert the number of bottles or kegs for each shipment or return.
- G. 1-14 Calculate the number of gallons for each shipment or return.  
15 Calculate and insert the total of all Column G entries for each Maryland retailer. **Complete only one line 15 for each consignee even if multiple sheets are used.** Carry the total gallons forward to the appropriate line on the COM/RAD-024.

**Contact information:**

Comptroller of Maryland  
Revenue Administration Division  
Returns Processing  
Alcohol Tax Office  
PO Box 2999  
Annapolis, MD 21404-2999

Telephone: 410-260-7127 or 800-638-2937

Fax: 410-260-7924

**[www.marylandtaxes.gov](http://www.marylandtaxes.gov)**