

COMMONWEALTH OF VIRGINIA
 DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL
 P. O. BOX 27491
 RICHMOND, VIRGINIA 23261

QUARTER ENDING: _____, 20____

CARRIER'S ALTERNATIVE MIXED BEVERAGE TAX RETURN
 (Section 4.1-221, Virginia Code)

(Submit in triplicate on
 or before Oct. 30,
 Jan 30, April 30 and
 July 30.)

REPORTING CARRIER

VIRGINIA LICENSE NUMBER

Mixed Beverages-No. _____

- 1. R. P. M.* of system for quarter (As reported to D. O. T. or I C. C.) : _____
- 2. R.P.M. allocable to Virginia for quarter : _____
- 3. Proportionate percentage of R. P. M. allocable to Virginia (Item 2 ÷ Item 1): _____ %
- 4. Alcoholic beverage purchases for system for quarter (State gallonage if actual number of "minatures" purchased unavailable) : _____
- 5. Alcoholic beverages purchases allocable to Virginia (Item 4. X Item 3.) . . . : _____
- 6. Carrier's estimate of average number of drinks consumed in Virginia during quarter (Assume 1.7 oz. per drink) : _____
- 7. Carrier's estimate of tax due Commonwealth (Item 6. X \$. 10) : \$ _____

*R. P. M. - Revenue passenger miles

I declare under the penalties provided by law that the above information is true and correct according to the best of my knowledge and belief:

(FOR A. B. C. DEPT. USE ONLY)

Average number drinks fixed by Board _____

Tax calculated by Board : \$ _____

(Remit within 5 days to "Department of Alcoholic Beverage Control")

Virginia Alcoholic Beverage Control Board

 (TITLE)

DATE: _____, 20____.

 (Person Preparing Return)

 (Title)

DATE: _____, 20____.