

Form BT-4-BW

Monthly Report of Custom Bonded Warehouses

Name of Licensed Distributor (Type or print)	Return for the Month of
Address Where Business Is Licensed	CT Tax Registration Number
City, Town, or Post Office	FEIN
State	
ZIP Code	
Location of Warehouse	License Number
	Liquor Control Division Permit Number

This monthly report must be filed with the Commissioner of Revenue Services not later than the last day of the month following the calendar month being reported. Attach all schedules as noted on the reporting lines below.

	Distilled Liquors Wine Gallons	Still Wines not over 21% alcohol Wine Gallons	Fortified Wines over 21% alcohol and Sparkling Wines Wine Gallons	Alcohol and components for manufacturing Proof Gallons
1. Inventory in Bond at the Beginning of the Month				
2. Total of Merchandise Placed in Custom Bonded Warehouses (Schedule BW-1)				
3. Total (Add Line 1 and Line 2)				
4. Inventory in Bond at the End of the Month				
5. Accountable Balance (Line 3 minus Line 4)				
6. Total Merchandise Withdrawn From Custom Bonded Warehouses (Schedule BW-2) (Report on Form BT-5, Schedule A)				
7. Total Merchandise Transferred in Bond Outside Connecticut (Schedule BW-3)				
8. Total Merchandise Transferred in Bond Inside Connecticut (Schedule BW-4)				
9. Total Adjustment (Schedule BW-5)				
10. Total (Add Line 6 and Line 9)				
11. Difference, if any (Line 5 minus Line 10)				

Declaration: I declare under penalty of law that I have examined this report (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Taxpayer Signature	Title	Date
Print Taxpayer Name	Telephone Number	Taxpayer SSN
Paid Preparer Signature	Preparer's Address	Preparer's SSN or PTIN