

Form BT-101

Alcoholic Beverages Tax

Application for Permission to Import Into Connecticut Alcoholic Beverages From Outside the United States for Personal Consumption

You **must** complete and file this application, together with **Form S&BT**, *Payment of Taxes Due on the Importation of Alcoholic Beverages into Connecticut*, with the Department of Revenue Services (DRS) at the above address. Only upon your receipt of the approved application from the DRS are you permitted to import into Connecticut the alcoholic beverages referenced below. See **Informational Publication 2019(8)**, *Bringing or Importing Alcoholic Beverages into Connecticut*.

Part 1 - Applicant Information

Name of applicant		Date alcohol received ▶
Date of birth	Telephone number - -	Social Security Number (SSN) ▶
Address (number and street, city, state, and ZIP Code)		

Part 2 - Declaration and Signature

This application pertains to the importation, from outside the territorial limits of the United States, for my own personal consumption, of:

- _____ gallons of alcoholic beverages (not to exceed five), whether or not purchased by me, during the 365-day period beginning _____, _____ and ending _____, _____ .
Date of last application (if none, so indicate): _____, _____ .
- _____ gallons of wine (not to exceed 100, of which no more than 20 gallons are of the same brand); **and**
_____ gallons of spirits (not to exceed 20, of which no more than two gallons are of the same brand);

and coincides with the termination of my foreign residency of at least 6 months and is in connection with the return of my personal and household goods.

Former foreign residence address

Date of termination of foreign residency	Duration of foreign residency	Years	Months
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Declaration: I declare under penalty of law that I have examined this return (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 SSN or PTIN	

Preparer's address

For telephone assistance, call the Excise Taxes Unit at **860-541-3224**, Monday through Friday, 8:30 a.m. and 4:30 p.m.

Validated endorsement on this section, together with an endorsed Form S&BT, is your permit to import the alcoholic beverages referenced above.

This section to be completed by the Department of Revenue Services.

Date of receipt:	<input type="text"/>	Date action taken:	<input type="text"/>
Action taken:	<input type="checkbox"/> Application granted	By: Signature	<input type="text"/>
	<input type="checkbox"/> Application denied	Title	<input type="text"/>