



Retailer Monthly Wine Report For Purchases from a Winery Located Outside of Montana

WIT-2
V2 2/2020

Period Ending

License No. --

| | | | |
|---------------|-------|-------|----------|
| Retailer Name | | | |
| Address | | | |
| Street | City | State | ZIP Code |
| Phone | Email | | |

This report is for the preceding month and is due the 15th of each month. All records, invoices, and delivery records must be kept for inspection by the Department of Revenue.

Wine Merchandise Purchased

| Invoice Date | Supplier | Supplier License No. | Brand | Invoice No. | Liters |
|---------------------|----------|----------------------|-------|-------------|--------|
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| | | | | | |
| Total Liters | | | | | |

Return to: Montana Department of Revenue
Alcoholic Beverage Control Division
P O Box 1712
Helena, MT 59604-1712

I certify the above is true and correct.

Signed _____

Title _____

Questions? Call us at (406) 444-6900, or Montana Relay at 711 for the hearing impaired.