



**Department of
Taxation**
P.O. Box 530
Columbus, OH 43216-0530

Ohio Beer and Malt Beverage Tax Return for Qualified A-1C Permit Holders

Reporting period _____ 20 _____

Account number _____ FEIN _____

Name _____

Address _____

City _____ State _____ ZIP _____

Telephone number _____

**Return is due on or before the 10th day of
the month following the reporting period.**

For Department of Taxation Use Only

Schedule A – Beer and Malt Beverages in Barrels

	Barrel Gallons
1. Sold in Ohio and/or consumed on premises in Ohio	

Schedule B – Beer and Malt Beverages in Containers Other Than Barrels

	24/12 OZ.	12/32 OZ.	24/7 OZ.	24/16 OZ.	Other OZ.	Other OZ.
1. Configurations sold in Ohio and/or consumed on premises in Ohio						
2. Gallons (convert line 1 into gallons)						

Total production of beer, wherever produced, for the reporting period (in gallons)	
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I declare under penalties of perjury that this return, including any accompanying schedules and statements, has been examined by me and, to the best of my knowledge and belief, is a true, correct and complete return and report.

Our records indicate that you are exempt from the Ohio beer and malt beverage excise tax. This return is required for informational purposes. Mail to Ohio Department of Taxation, P.O. Box 530, Columbus, OH 43216-0530.

If you have any questions, contact the Excise Tax Section at (855) 466-3921.

Authorized signature

Date