



Department of Taxation

P.O. Box 530
Columbus, OH 43216-0530

ALC 83
Rev. 5/15

Ohio Beer and Malt Beverage Tax Return

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

Reporting period _____ 20_____
Account number _____ FEIN _____
Name _____
Address _____
City _____ State _____ ZIP _____

For Department of Taxation
Use Only

Table with 14 rows and 3 columns. Rows include: 1. Schedule A line 3, 2. Schedules B and B1 line 4, 3. Total beer and malt beverage tax liability, 4. Monthly advance tax payment received, 5. Difference between line 3 and 4, 6. Line 4 multiplied by 10%, 7. Discount (lesser of line 5 or 6 multiplied by 3%), 8. Difference between line 4 and 3, 9. Monthly advance tax payment received between 19th and last day, 10. Credit balance from previous return, 11. Additional credit (line 4 multiplied by 3%), 12. Total of lines 7, 8, 9, 10 and 11, 13. Tax due, 14. Credit balance to carry forward.

Complete lines 4 through 12 only if you made an advance payment.

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.

Authorized signature _____ Date _____

Telephone _____

Make check or money order payable to the Ohio Treasurer of State and mail to Ohio Department of Taxation, P.O. Box 530, Columbus, OH 43216-0530. This tax return and payment must be postmarked on or before the 10th day of the month following this reporting period.

If you have any questions regarding this tax return, please call the Excise Tax Section at (855) 466-3921.

**Schedule A
Beer and Malt Beverages in Barrels**

Schedule A – Barrel Beer and Malt Beverages		Number of Barrels and Sizes				
		1/4	1/2	1	13.2 Gal. Keg	4-5L Case
1. Sold in Ohio and/or consumed on premises in Ohio						
	Tax rate	\$ 1.395	\$ 2.79	\$ 5.58	\$ 2.376	\$.951
2. Multiply totals on line 1 by tax rate		\$	\$	\$	\$	\$
3. Tax liability (total of amounts on line 2) – carry forward to line 1 on page 1						

**Schedules B and B1
Beer and Malt Beverages in Containers Other Than Barrels**

Schedule B – Case Beer and Malt Beverages		Number of Cases and Sizes				
		24/12	12/32	12/40	24/7	12/12
1. Sold in Ohio and/or consumed on premises in Ohio						
	Tax rate	\$.403	\$.605	\$.706	\$.235	\$.202
2. Multiply totals on line 1 by tax rate		\$	\$	\$	\$	\$
3. Tax liability (total of amounts on line 2)						

Schedule B1 – Case Beer and Malt Beverages		Number of Cases and Sizes				
		24/12	12/32	12/40	24/7	12/12
1. Sold in Ohio and/or shipped to a personal consumer in Ohio						
	Tax rate	\$.403	\$.605	\$.706	\$.235	\$.202
2. Multiply totals on line 1 by tax rate		\$	\$	\$	\$	\$
3. Tax liability (total of amounts on line 2)					\$	
4. Total tax liability (add Schedule B line 3 and Schedule B1 line 3) – carry forward to line 2 on page 1						