Reset Form

ALC 36C
Rev. 11/03

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

Schedule C

Name _____

Address _____

City _____ State _____ ZIP _____

Interstate wine sales into _____ for the month of _____
(State) (Month/Year)

Invoice Date	Invoice Number	Shipped To	Report in Gallons, Round to Nearest Hundredth					
			14% or Less	14%–21%	Vermouth	Mixed Beverage	Sparkling	Cider 6% or Less
Total gallonage shown on invoices listed			0.00	0.00	0.00	0.00	0.00	0.00

This form may be reproduced by you as needed.