



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

ALC 81
Rev. 3/04

Application for Refund of Taxes on Beer or Malt Beverages Paid in Excess of Legal Requirements

| Reporting Period |
|---|
| For period of _____, 20____ to _____, 20____, inclusive |

| |
|-----------------------|
| Account No. |
| File No. |
| State File No. |

1. Name _____

2. Address _____

City _____ State _____ ZIP _____

3. _____

If records are located at an address other than line 2, show on line 3e

4. Federal employer identification number or, if none assigned for reporting federal taxes, please enter your social security number.

| |
|-------------------------------------|
| Employer Identification Account No. |
| |

| | | |
|---------------------|--|--|
| Social Security No. | | |
| | | |

5. Reason for claim

- Out-of-state or military sales (complete Schedule A and/or B)
- Unsaleable product (do not destroy until you have received approval from this department)
- Other

| Beer and/or Malt Beverage | | |
|---------------------------|-----------------------|-------|
| Cases Schedule A | Barrels Schedule B | Total |
| \$ | \$ | \$ |

I declare under penalties of perjury that this return or claim (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.

| |
|--------------------------------|
| For Department Use Only |
|--------------------------------|

| |
|-------------------|
| Voucher no. _____ |
|-------------------|

Claimant _____

Title _____

Date _____

Agent's remarks (Use reverse side for additional remarks): _____

Agent _____

Approved (manager) _____

Date _____

| |
|---|
| I have examined this claim and any adjustments in computation have been explained to me by the agent. |
|---|

| |
|--------------|
| Signed _____ |
|--------------|

Claimant signature