Form AB 910 State Form 46776 (R2/3-09)

Address

City/State

1.

2.

Indiana Department of Revenue

Indiana Brewers Excise Tax Report

Reporting Month ______ Year_ Name (As Appears on Permit) Indiana Brewer's Permit Number Telephone Number Zip Code Federal Identification Number Mail To: Indiana Department of Revenue P.O. Box 6114 Indianapolis, IN 46206-6114 If return is filed after due date, add 10% of line #2 (X.10) or \$5.00, whichever is greater.

Discount (Line 3) does not apply unless the report and payment are timely filed. The report is due on or before the 20th day of the month following the month being reported. A report must be filed even if there are no sales during the reporting period.

I hereby certify, under penalty of perjury, that the information contained herein, and on supporting documents is to the best of my knowledge true and correct.

Signature of Agent or Officer (Name of Business or Taxpayer) Date

Questions related to this form: Call (317) 615-2710