

MARYLAND FORM 024 NONRESIDENT WINERY, DISTILLERY AND BREWERY TAX RETURN



190240049

Office Use Only

Check Number _____
 Amount \$ _____
 Deposit Date _____

AMENDED RETURN/SCHEDULES

Name		Period End Date (MM/YYYY)
Street Address		Permit No.
City	State	Zip Code +4

Summary of Deliveries into Maryland

	A Maryland Retailer	B Total Gallons Shipped	C Maryland Retailer	D Total Gallons Shipped
1			9	
2			10	
3			11	
4			12	
5			13	
6			14	
7			15	
8			16	
17	Total gallons (Columns B and D, lines 1 through 16)			
18	Gallon Adjustments			
19	Net gallons subject to tax (Line 17 plus or minus line 18)			
20	Tax per gallon Wine: \$.40 Distilled Spirits: \$1.50 Beer: \$.09			X
21	Net tax due (Line 19 x Line 20)			\$

Affidavit

I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information and belief.

Print Name

Signature

Date

Title: Owner, Partner or Officer

Email Address

**MARYLAND
FORM
024
NONRESIDENT WINERY,
DISTILLERY AND
BREWERY TAX RETURN
INSTRUCTIONS**

This return, together with remittance of tax due, shall be properly filed and physically received by the Alcohol Tax office no later than the 10th day of the month following the month which the return covers.

The return shall be submitted with Forms COM/RAD-024-1 and COM/RAD 034-5 for Winery/Distillery or COM/RAD 037-2 for Brewery. Remittance shall be in the form of Direct Debit at www.marylandtaxes.gov or check or money order payable to the "Comptroller of Maryland".

Column Line

- | | | |
|-------|------|---|
| A & C | 1-16 | From individual forms COM/RAD-024-1, insert the name of the consignee within the State of Maryland. |
| B & D | 1-16 | Insert the number of gallons delivered to each consignee, as indicated on line 15 column 9, Form COM/RAD-024-1. Samples should also be listed here. |
| | 17 | Insert on this line the total of column B (lines 1-8) plus column D (lines 9-16). |
| | 18 | List any adjustments to gallons reported on a previous tax return. Submit supporting documentation for any adjustment made. |
| | 19 | Enter the sum of line 17 and line 18. |
| | 20 | Enter the applicable tax rate for your permit. Wine tax rate \$.40, Distilled Spirit tax rate \$1.50 or Beer tax rate \$.09 |
| | 21 | Multiply line 19 by line 20 and insert the result (net tax due). |

The completed form COM/RAD-024 must be signed by the owner, partner or officer of the corporation. If this is a corporation, an officer (President, Vice-President, Secretary or Treasurer) must sign.

Amended Return/Schedules

Place an X in this box if you are making changes to a previously filed return/schedule.

Send remittance to:

Comptroller of Maryland
Revenue Administration Division
Returns Processing
Alcohol Tax Office
PO BOX 2999
Annapolis, MD 21404-2999

Telephone: 410-260-7127 or 800-638-2937

Fax: 410-260-7924