



195321049

NAME: _____

PERMIT NUMBER: **FP-**_____

Period End Date (MM/YYYY) _____

Indicate:

Beer	Wine	
		Individuals
		Samples
		Testing

	1 INDIVIDUAL'S NAME	2 INDIVIDUAL'S ADDRESS	3 INDIVIDUAL'S BIRTHDATE MMDDYYYY	4 DATE PRODUCED MMDDYYYY	5 QUANTITY IN GALLONS
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18	Sub-Total (If more than one page.)				
19	Total				

**MARYLAND
FORM
532-1** **FAMILY BEER AND WINE FACILITY DETAIL
REPORT INSTRUCTIONS**

This report, together with form COM/ATT-532, shall be filed and physically received by Alcohol Office no later than October 15th following the report year which it covers.

Indicate whether report covers beer or wine by checking the appropriate box (check under beer or wine, one of the following: individuals, samples or testing). File a separate form for each type produced.

Column	Line	Instructions
1	1-17	List each individual's full name. If samples or for testing, indicate entity name.
2	1-17	List each individual's complete home address.
3	1-17	List each individual's birth date (MM/DD/YR).
4	1-17	Indicate the date alcohol was produced.
5	1-17	Indicate the total alcohol produced in gallons.
5	18	If more than one page of form COM/RAD-532-1 is used, insert on this line the subtotal of gallons produced.
5	19	Insert on this line the total gallons produced for each type.

Contact information:

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
www.marylandtaxes.gov