

# Certified Inventory — Wine and Cider

Check if Amended

|                      |              |       |                         |                  |
|----------------------|--------------|-------|-------------------------|------------------|
| <b>Print or Type</b> | Company Name |       | FEIN                    |                  |
|                      | Address      |       | Minnesota Tax ID Number | Location Code    |
|                      | City         | State | ZIP                     | Period of Return |

| <b>Total Inventory</b> |                            | <b>A</b> | <b>B</b> |
|------------------------|----------------------------|----------|----------|
|                        |                            | Liters   | Bottles  |
| 1                      | Wine, 14% or less          | _____    | _____    |
| 2                      | Wine, more than 14% to 21% | _____    | _____    |
| 3                      | Wine, more than 21% to 24% | _____    | _____    |
| 4                      | Wine, more than 24%        | _____    | _____    |
| 5                      | Sparkling wine             | _____    | _____    |
| 6                      | Cider                      | _____    | _____    |

**Affidavit**

*I declare, under penalties of perjury and evasion, that I am familiar with the books, papers and records of the business from which this report was prepared, that this report has been examined by me and, to the best of my knowledge and belief, is true, correct and complete.*

**Must be signed and certified by an officer or owner.**

|                  |                                                   |                                         |               |
|------------------|---------------------------------------------------|-----------------------------------------|---------------|
| <b>Sign Here</b> | Authorized Signature                              | Date                                    | Daytime Phone |
|                  | Print Name                                        | Title                                   |               |
|                  | Signature of Department Representative (optional) | Print Name of Department Representative | Title         |

Mail to: Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331  
 Phone: 651-556-3036 Fax: 651-556-5236 Email: alc.taxes@state.mn.us