



# MONTHLY REPORT OF WINE SHIPMENTS INTO THE STATE OF MONTANA

Report Date   /   /

*Report is due by the 15th day of each month for product shipped the previous month.*

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Did you ship wine to Montana during this reporting period?  Yes  No

License Number:  -  -  -

Total Liters of Wine Shipped into Montana to a Distributor \_\_\_\_\_

**NOTE:** If you ship wine into Montana to a retailer, you must complete forms WIT and WIT-3, and pay the applicable tax.

## AFFIDAVIT

*I hereby swear or affirm under penalty of false swearing that the statements contained herein are true to the best of my knowledge.*

Signature \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

Mail To:

Montana Department of Revenue  
PO BOX 1712  
Helena, MT 59624-1712

