

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF TAXATION
BEVERAGE TAX**

SHEET No. _____ of _____

SCHEDULE "E"

THE BEVERAGE TAX SECTION OF THE NJ DIVISION OF TAXATION, ALCOHOLIC BEVERAGE TAX, PO BOX 264, TRENTON, NJ 08695-0264 SHOULD BE IMMEDIATELY NOTIFIED IN CASE OF ANY DISCREPANCIES ON THIS REPORT.

List under separate headings by accounts, all tax exempt shipments into the State of _____ during the bimonthly period of _____ and _____, year _____ (See instructions)

by _____ License No. _____
(Name of Licensee)

A separate sheet must be used for each state into which deliveries were made during the period. Submit an extra copy of each Schedule "E".

Name, and Address of Purchaser	Beer and Malt Beverages	Liquors (Alcohol)	Still Wines	Vermouth	Sparkling Wines*	Apple Cider* (3.2% to 7% Alcohol)
	Total Gallons	Total Gallons	Total Gallons	Total Gallons	Total Gallons	Total Gallons

* Apple cider containing **more than 7% of alcohol by volume** must be included under "Sparkling Wines". Apple cider containing **3.2% to 7% alcohol** to be included under "Apple Cider".

(CONTINUE LIST ON REVERSE SIDE)

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