

State and Parish and Municipality Beer Tax Schedule for Received Products FOR ELECTRONIC FILING ONLY

| Dealer | LDR Account Number | Taxable Period |
|--------|--------------------|----------------|
|        |                    |                |

| Invoice |        |              |                       |                        |        | Case Goods (Number of cases according to packaging and size container.) |         |              |              |     |     |       |   |           |                  |
|---------|--------|--------------|-----------------------|------------------------|--------|---|---------|--------------|--------------|-----|-----|-------|---|-----------|------------------|
|         |        | Date Product |                       |                        |        | Shipping<br>Carrier   | Product | Packing<br>- | Packing<br>- | -   | -   |       | Converted to Total<br>Number of 31<br>gallon barrel |           |                  |
| Date    | Number | Received     | Company Received From | Address (Street, City) | Parish | Carrier   | Name    | oz.          | OZ.          | OZ. | oz. | Bbls. | gallon barrel                                       | Sch. Code | Total Amount Due |
|         |        |              |                       |                        |        |   |         |              |              |     |     |       |   |           |                  |
|         |        |              |                       |                        |        |   |         |              |              |     |     |       |   |           |                  |
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|         |        |              |                       |                        |        |   |         |              |              |     |     |       |   |           |                  |
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|         |        |              |                       |                        |        |   |         |              |              |     |     |       |   |           |                  |
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|         |        |              |                       |                        |        |   |         |              |              |     |     |       |   |           |                  |
|         |        |              |                       |                        | TOTALS | 1   |         |              |              |     |     |       |   |           |                  |