CARRIER'S REPORT OF INTERSTATE SHIPMENTS OF ALCOHOLIC BEVERAGES DESTINED TO NEVADA POINTS
NEVADA REVISED STATUTE 369.450

NEVADA DEPARTMENT OF TAXATION
LIQUOR TAX DIVISION
3850 ARROWHEAD DR., 2nd FLOOR
CARSON CITY NV 89706

Name of Carrier ..... Address ..... Reporting for month of Choose Month....., 20 .....

This report **must** be filed with the Nevada Department of Taxation, Carson City, Nevada on or before the 10th of each month following delivery in Nevada.

FREIGHT BILL		DELIVERED TO	NEVADA	SHIPPER	ORIGIN	DESCRIPTION OF ALCOHOLIC BEVERAGE		
Delivery Date	Number	CONSIGNEE	DESTINATION			No. Pkgs.	Type Pkg.	Kind

THE UNDERSIGNED HEREBY CERTIFIES THAT THE FOREGOING REPORT IS MADE PURSUANT TO CHAPTER 369 OF NRS AND COVERS THE MONTH SHOWN ABOVE FOR THE COMMON OR CONTRACT CARRIER NAMED IN THIS REPORT AND IS CORRECT TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE UNDERSIGNED.

Dated Choose Month....., 20 ....., at..... Signed ..... Telephone ....

To email, save this form to your computer and email the attachment to nevadaolt@tax.state.nv.us with the subject of 'Carrier's Report of Interstate Shipments of Alcoholic Beverages'. Your email, including attachments, cannot exceed10 MB.

EXC-C024
V2023.2