

**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 DRIVE  
CARSON CITY, NV 89706**

Page ..... of .....

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

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

FREIGHT BILL		DELIVERED TO CONSIGNEE	NEVADA DESTINATION	SHIPPER	ORIGIN	DESCRIPTION OF ALCOHOLIC BEVERAGE		
Delivery Date	Number					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....., 20....., at..... Signed ..... Telephone .....