



REPORT OF DESTRUCTION OF ALCOHOLIC BEVERAGES

OFFICE OF STATE TAX COMMISSIONER
SFN 61832 (5-2020)



| | | | |
|-----------------|-------------------|--|----------|
| Name | ND License Number | Federal Employee Identification Number | |
| Mailing Address | City | State | ZIP Code |
| Email Address | Telephone Number | | |

Total Gallons Destroyed *(complete Schedule A - see attached)*

Totals reported on this form should match those reported using Code 9 on the deduction schedule of your Monthly Wholesaler Beer Report (Schedule D). If more than one page is required to list items destroyed, include the total of gallons from all sheets.

| | |
|-------------------------------------|---------------------------|
| Beer - Total Gallons (bottles/cans) | Beer - Total Gallons(keg) |
|-------------------------------------|---------------------------|

Destruction Details

| | | | |
|---------------------------|------|-------|----------|
| Destruction Location Name | | | |
| Address | City | State | ZIP Code |
| Date(s) of Destruction | | | |
| Method of Destruction | | | |
| Reason for Destruction | | | |

I hereby declare, under the penalties of perjury, that the information contained herein regarding the destruction of alcoholic beverages is true, correct and complete.

| | | | |
|--|-------|--|------|
| Signature of Authorized Person Who Witnessed Destruction | Title | | |
| Printed Name of Authorized Person | | | Date |

**For Tax
Department
Use Only**

