



State of New Hampshire Liquor Commission Direct Shipping Monthly Report



Mailing Address:
 Division of Enforcement
 Direct Shipping
 PO Box 1795
 Concord NH 03302-1795

Physical Address:
 Division of Enforcement
 Direct Shipping
 57 Regional Drive
 Concord NH 03301

Contact Info:
 Tel: (603) 271-8543
 Fax: (603) 271-8424
directshippers@liquor.state.nh.us

 Name of Shipper:

 Address:

 Permit #

 For the Month of

This report **must be filed once per month for any month in which a shipment was made** so as to arrive at the New Hampshire Liquor Commission on or before the 15th of the following month.

Attach to this report a **check** in the amount of the "Total Amount Due" payable to the **New Hampshire Liquor Commission** and copies of all **invoices** shipped into NH.

Total # of invoices shipped into NH:

	<u>Retail Price including shipped costs</u>	-	<u>Less shipped costs</u>	=	<u>Retail Price</u>
Beer	<input style="width: 240px; height: 25px;" type="text"/>	-	<input style="width: 240px; height: 25px;" type="text"/>	=	<input style="width: 280px; height: 25px;" type="text"/>
Liquor	<input style="width: 240px; height: 25px;" type="text"/>	-	<input style="width: 240px; height: 25px;" type="text"/>	=	<input style="width: 280px; height: 25px;" type="text"/>
Wine	<input style="width: 240px; height: 25px;" type="text"/>	-	<input style="width: 240px; height: 25px;" type="text"/>	=	<input style="width: 280px; height: 25px;" type="text"/>
Total	<input style="width: 240px; height: 25px;" type="text"/>	-	<input style="width: 240px; height: 25px;" type="text"/>	=	<input style="width: 280px; height: 25px;" type="text"/>

x .08

Total Fee at 8%

*** NH Liquor Commission issued debit/credit memos

Total Amount Due

The undersigned hereby swears and affirms that all statements made herein are true and correct to the best of my knowledge and belief and understand that this statement is made subject to the penalties of unsworn falsification described in RSA 641:3.

Compliance Company Info:

Name: _____
 Address: _____
 Contact: _____

 Owner or Officer

*** (Attach the white copy of the debit/credit memos)