R-10 (8-97, Rev. 5)

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF TAXATION

Sheet No. _____ Of _____

BEVERAGE TAX

SCHEDULE "F"

Tax Exemption Claimed By_____ License No. _____
(Name of Licensee)

during the bimonthly period of _____ and _____, year _____.

ON THIS SCHEDULE, ENTER THE FOLLOWING:

(A) A list of the Schedule "E" by states, giving the total gallonage for each state (*DO NOT INCLUDE* the New Jersey Schedule "E");

(B) All certificates of non-beverage use submitted with the report, for which exemption is claimed;

(C) Each beverage tax credit memo. Enter the combined totals on the control sheet.

Month When Delivered	Name and Address of Consignee or State Receiving Delivery	Beer and Malt Beverages	Liquors (Alcohol)	Still Wines	Vermouth	Sparkling Wine*	Apple Cider* (3.2% to 7% Alcohol)
		Total Gallons	Total Gallons	Total Gallons	Total Gallons	Total Gallons	Total Gallons

* Apple cider containing **more than 7% alcohol** to be included under "Sparkling Wines". Apple cider containing **3.2% to 7% alcohol** to be included under "Apple Cider".

(Attach Additional Sheets If Necessary)