WINE MANUFACTURER'S MONTHLY REPORT DETAIL

Licensee Name _____ of _____ FL

For the month of _____ 20___ Reporting Period _____ through _____

A separate page must be completed for each type of transaction

TRANSACTION TYPE (Choose one):

☐ Sales to Other Distributors ☐ Received From Other Wine Cellars ☐ Out-of-State Sales

☐ Transfers in Bottling ☐ _____ ☐ _____

Date	Invoice Number	Name and Address	Under 17.259%	17.259% or More	Natural Sparkling	Cider