

Vermont Department of Taxes  
**PURCHASE INVENTORY OF MALT BEVERAGES**

Month of: \_\_\_\_\_

Distributor:			(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)
Name & Address of firm from whom purchased or transferred	Invoice		KEGS			CASES							
	Number	Date	1/2 15.5 gal.	1/4 7.75 gal.	13.2 gal.	12 40 oz.	12 32 oz.	24 16 oz.	24 12 oz.	24 7 oz.	12 12 oz.		
<b>TOTAL PURCHASED</b> Enter here and on Form MB-1, Line 2													

Use additional sheets if necessary