

State of Rhode Island Division of Taxation
Form ABWM
 Alcoholic Beverage Return
 for Wholesalers and Manufacturers

Check one: <input type="checkbox"/> Wholesaler - Key #19 <input type="checkbox"/> Manufacturer Key #43 <input type="checkbox"/> Military Key #19	Name		Federal employer identification number	
	Address		For the period of:	
	Address 2		License number	
	City, town or post office	State	ZIP code	E-mail address

INSTRUCTIONS - RI Gen. Laws 3-10

FILING DATE: WHOLESALER: This return is to be filed with the Rhode Island Division of Taxation on or before the 10th business day after the close of the month. Payment must accompany this return unless submitted via EFT.

MANUFACTURER: This return is to be filed with the Rhode Island Division of Taxation on or before the 10th business day after the close of the quarter. Payment must accompany this return.

FEE/TAX COMPUTATION: Enter the total gallons of each type received or manufactured for sale in this state during the above filing period, less credits (out of state sales). Multiply the net amount by the applicable rate to determine the fee/tax due for each category. Add lines 1 through 8 under the "Fee/Tax Due" column and enter the result on line 9. Carry the amount from line 9 to line 11 if interest is not applicable.

FEE/TAX COMPUTATION SCHEDULE						
TYPE	GALLONS RECEIVED	LESS CREDIT GALLONS	NET GALLONS RECEIVED	RATE PER GALLON	FEE/TAX DUE	
1 Distilled Spirits				X \$5.40		
2 Low Proof Distilled Spirits - 30 Proof or below				X \$1.10		
3 Ethyl Alcohol - Beverage Purposes				X \$7.50		
4 Ethyl Alcohol - Non-Beverage Purposes				X \$0.08		
5 Still Wine				x \$1.40		
6 Still Wine - from instate fruit - MANUFACTURERS ONLY -				x \$0.30		
7 Sparkling Wine				X \$0.75		
8 Malt Beverage Barrels - 1 barrel equals 31 gallons				X \$3.30 per barrel		
9 Total tax/fee due. Add lines 1 through 8.....					9	
10 Interest due. Multiply line 9 by 18% (0.18) per annum or 1.5% (0.0150) per month late...					10	
11 Total amount due. Add lines 9 and 10.....					11	

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Authorized officer signature	Print name	Date	Telephone number
Paid preparer signature	Print name	Date	Telephone number
Paid preparer address	City, town or post office	State	ZIP Code PTIN

May the Division of Taxation contact your preparer? YES

Revised 04/2021