

Department of Taxation and Finance

Alcoholic Beverages Tax Return

MT-456

Monthly filers: File each month on or before the 20th day of the following month.					Period covered by this return								
Annual filers: File each calendar year on or before January 20th of the following year.					From (mmddyyyy): to (mmddyyyy):				yyy):				
Tax	payer identification number						Business telepho	ne n	umber				
_							Manta an Win do				0		
Legal name					Mark an X in the applicable box:				Cancel registration: Mark an X in all of the				
Mai	ling address (number and street or PO Box)						┦┌				applicable boxes:		
walling address (number and street of 1 0 box)				Abbreviated annual return				Liquor/Wine					
City		S	tate	ZI	P code		Amended re	turn			□ В	eer	
0.1,					. 5545		Final return				Ci	ider	
If ve	ou need to update your address or ph	one	a information, you c	an do	so online Se		Change of hus	sine	ss inform	natio	n in the	instructions	
	· · · · · · · · · · · · · · · · · · ·		•							ialio	77 111 1116	ilistiuctions.	
Out	-of-state direct shippers and nonc	om	merciai importers:	век	ore completing	g u		ınsı	ructions.			_	
Inve	entories and purchases		Liquor and wine containing	Liqu	or containing more		Wine			D Beer		E Cider	
colur	ounts must be rep ^o rted in whole liters for nns A and B, and in whole gallons for		more than 24% alcohol by	thai	n 2%, but not more than 24% ABV		24% ABV or less						
	nns C, D, and E. For lines 1, 2, 3, 5, and 6, see actions)		volume (ABV) (whole liters only)		whole liters only)		(whole gallons onl	v)	(whole	aallons	c only)	(whole gallons o	nn/v)
	,	4	(whole hers only)	,,	whole mers only)	+	(Whole gallons on	y)	(WHOIC !	ganoric	s orny)	(Whole gallons o	nny)
	Amount on hand at beginning of period	1				+							
	Purchases	3				+							
3	Amount produced	4				+							
4	Subtotal (add lines 1, 2, and 3)	5				+							
	Purchases used for production	6				+							
	Amount on hand at end of period Add lines 5 and 6	7				+							
	Amount to be accounted for (subtract					+							
0	line 7 from line 4)	8											
	,	0											
Cal	culation of tax - New York State an	d N	New York City										
	Loss and waste (explain below; see instr.)	9											
		_		· · · · · ·								1	
	Explain:												
												J	
10	Tax-paid purchases (see instructions)	10											
11	Nontaxable sales and use (see instructions)	11											
12	Out-of-state sales (see instructions)	12											
13	Total deductions (add lines 9 through 12)	13											
14	Net quantity taxable (subtract line 13 from line 8)	14				_							
	Tax rate			\$	0.6	7	\$	0.30	\$		0.14	\$ 0	.0379
	Tax (multiply line 14 by line 15)	16				\perp							
17	Total New York State tax due												
	(add amounts on line 16)			1		T				17			
18a	New York City tax on liquor and wine con		•		NYC quantity	\neg		NYC	tax due	-			
401	alcohol by volume (enter net taxable liters			18a	×	\pm	\$ 0.264			-			
	New York City tax on beer (enter net taxable ga				×		\$ 0.12			40			T
19	Total New York City tax due (add lines 18a	and	1 18b)							. 19			
Pav	ment of tax												
	Total tax due (add lines 17 and 19)									20			\top
21	Penalties and interest (see instructions)												+-
22	Total (add lines 20 and 21)												+-
	3 Amount previously paid for this filing period (see instructions)						+-						
	Balance due (subtract line 23 from line 22; e.		•										+-
	(,	, .	J	,							
25	Payment - Make check or money orde	r pa	yable in U.S. funds to	: Con	nmissioner of	Tax	xation and Fina	nce.	į		Paym	nent enclosed	

Write on your check Form MT-456, your identification number, and the period you are reporting (see instr.)



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Schedule A - Purchases schedule

See Form MT-456-I, *Instructions for Forms MT-456 and MT-456-ATT*, before completing this schedule. Attach additional sheets as necessary. For *Product code*, enter **A** for liquor and wine containing more than 24% ABV. Enter **B** for liquor containing more than 2%, but not more than 24% ABV. Enter **C** for wine (24% or less ABV), **D** for beer, or **E** for cider. You must keep records to support all entries.

Legal name	Taxpayer identification number	Period covered by this return	
		From (mmddyyyy):	to (mmddyyyy):

Legal name and address of supplier (city/state)	EIN of supplier	Product code (see above)	Tax-paid purchases (liters/gallons)	Nontaxable purchases (liters/gallons)

Totals of tax-paid and nontaxable purchases for each product code

For each product code listed above, total the amounts and enter the result below and in the appropriate column (columns A through E) on page 1. For *Total tax-paid purchases* transfer to line 10 and for *Total purchases*, transfer to line 2.

Product codes	Total tax-paid purchases	Total nontaxable purchases	Total purchases (total tax paid purchases + total nontaxable purchases)
Total of product code A (enter here and in column A)			
Total of product code B (enter here and in column B)			
Total of product code C (enter here and in column C)			
Total of product code D (enter here and in column D)			
Total of product code E (enter here and in column E)			

Schedule B - Sales schedule

See Form MT-456-I before completing this schedule. Attach additional sheets as necessary.

For *Product code*, enter **A** for liquor and wine containing more than 24% ABV. Enter **B** for liquor containing more than 2%, but not more than 24% ABV. Enter **C** for wine (24% or less ABV), **D** for beer, or **E** for cider. You must keep records to support all entries.

Legal name	Taxpayer identification number	Period covered by this return	
		From (mmddyyyy):	to (mmddyyyy):

Legal name and delivery address of customer (city/state)	EIN of customer	Product code (see above)	Nontaxable sales and uses (liters/gallons)	Out-of-state sales (liters/gallons)

Totals of nontaxable sales and uses and out-of-state sales for each product code

For each product code listed above, total the amounts and enter the result below and in the appropriate column (columns A through E) on page 1. For *Total nontaxable sales and uses* transfer to line 11 and for *Total out-of-state sales*, transfer to line 12.

Product codes	Total nontaxable sales and uses	Total out-of-state sales
Total of product code A (enter here and in column A)		
Total of product code B (enter here and in column B)		
Total of product code C (enter here and in column C)		
Total of product code D (enter here and in column D)		
Total of product code E (enter here and in column E)		

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Third – par	Yes No Designee's name (print)				()	Humber
designee (see instruction	Designee's email address					PIN	
Certification. I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.							
Authorized	Printed name of authorized person	Signature of authorized person		Official title			
person	Email address of authorized person		Telepho	ne number		Date	
Paid	Firm's name (or yours if self-employed)		Firm's EIN		Prepar	er's PTIN	l or SSN
preparer use	Signature of individual preparing this return	Address		City	Sta	te	ZIP code
only (see instr.)	Email address of individual preparing this return		Preparer's NYTP	RIN or Ex	ccl. code	Date	

See Form MT-456-I, *Instructions for Forms MT-456 and MT-456-ATT*, for where to file.