



Proof Gallon Report

PGR
V1 11/2018

General Information

Supplier _____

Address _____

Proof Gallons

Indicate the total number of proof gallons your business ***sold nationwide*** in the previous calendar year. This includes all imported, manufactured, distilled, rectified, bottled or processed liquor, wine above 16% alcohol by volume, and caffeinated or stimulant-enhanced malt beverage.

- Less than 20,000 proof gallons
- 20,000 to 25,000 proof gallons
- 25,001 to 50,000 proof gallons
- 50,001 to 200,000 proof gallons
- Greater than 200,000 proof gallons

- Check this box if you would like to stop paper reporting and receive electronic notices about filing this form. Provide an email address below.

Email Address _____

When possible, please use a company email address rather than an individual's to ensure notices will be received.

Signature

I declare under penalty of false swearing that this information is true, correct and complete.

Representative's Name (please print) _____

Representative's Signature _____

Title _____

Please **submit** this form to DORAlcoholicBeverageControl@mt.gov.