



Retailer Monthly Beer Report For Purchases from a Brewery Located Outside of Montana

BET-2
V2 11/2019

Period Ending MMDDYYYY

License No. - - -

Retailer Name

Address

Street City State ZIP Code

Phone Email

This report is for the preceding month and is due the 15th of each month. All records, invoices, and delivery records must be kept for inspection by the Department of Revenue.

Beer Merchandise Purchased

Invoice Date	Supplier	Supplier License No.	Brand	Invoice No.	Barrels
Total Barrels					

Return to: Montana Department of Revenue
Alcoholic Beverage Control Division
P O Box 1712
Helena, MT 59624-1712

I certify the above is true and correct.
Signed _____
Title _____

Questions? Call us at (406) 444-6900, or Montana Relay at 711 for the hearing impaired.