



Retailer Monthly Hard Cider Report For Purchases from a Winery or Brewery Located Outside of Montana

HCT-2
V4 1/2022

Period Ending

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

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 documents, invoices, and delivery records must be kept for inspection by the Department of Revenue.

Hard Cider Merchandise Purchased

| Invoice Date | Supplier | Supplier License No. | Brand | Invoice No. | Liters |
|--------------|----------|----------------------|-------|-------------|--------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Liters | | | | | |

Return to: Montana Department of Revenue
Alcoholic Beverage Control Division
P O Box 1712
Helena, MT 59604-1712

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.