Michigan Department of Licensing and Regulatory Affairs
Liquor Control Commission (MLCC)
Constitution Hall - 525 W. Allegan, Lansing, MI 48933
Mailing address: P.O. Box 30005, Lansing, MI 48909
Toll-Free: 866-813-0011 - www.michigan.gov/lcc

USE THIS FORM TO REPORT SALES MADE ON OR AFTER AUGUST 23, 2021.

Michigan Mixed Spirit Drink Tax Report (LC-MW-891)

MLCC Licensee Name:	MLCC License Number:	Reporting Period & Year:
Address:	City, State & Zip Code:	
Phone:	Fax number:	Email:

Instructions:

1. Locate the appropriate pack size and enter total cases sold under "Total Cases" column.
2. Use the blank boxes for descriptions of and liters per case for pack sizes that are not preprinted on the form. The liters per case amount should be calculated to two places to the right of the decimal point (e.g. 10.75).
3. Attach all invoices and supporting documents.
4. Sign and date the form.
5. Pay the total due calculated. Make checks payable to **State of Michigan/MLCC**.
6. For questions, please call 517-284-6260.

Pack Size	*Liters Per Case*	*Number of Cases*	*Total Liters*	*Pack Size*	*Liters Per Case*	*Number of Cases*	*Total Liters*
24/200 mL							
24/355 mL							
24/375 mL							
12/750 mL							
12/1 Liter							
6/1.75 Liters							
		Subtotal A:				Subtotal B:	

Total Liters (Subtotal A + Subtotal B):		X $0.30 Tax =	
		Less MLCC Authorized Credit:	
		Penalty Payment(s) *(MLCC Fee Code 4027)*:	
		Total Payment Due:	

When calculating the tax owed, enter the amount of any MLCC authorized credits to be subtracted . Taxpayers must have MLCC approval prior to taking a credit on the tax report. Enter any penalties that you owe.

DUE DATE: The 15th of the month following the reporting period being reported. This report must be filed each quarter whether or not any transactions have occurred. Reports or payments postmarked after the 15th day of the reporting period will be subject to a $25.00 late charge and 1% interest.

Make Check Payable to **State of Michigan/MLCC**

For MLCC Use Only - Leave Blank (MLCC Fee Code 4026)

I certify that the information contained in this form is true and accurate to the best of my knowledge and belief. I also understand that providing **false** or **fraudulent** information is a violation of the Liquor Control Code pursuant to MCL 436.2003.

Print Name of Licensee & Title | Signature of Licensee | Date

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