



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](http://www.michigan.gov/lcc)

**USE THIS FORM TO REPORT  
 SALES MADE BEFORE  
 AUGUST 23, 2021.**

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

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
24/200 mL			
24/355 mL			
24/375 mL			
12/750 mL			
12/1 Liter			
6/1.75 Liters			
Subtotal A:			

Pack Size	Liters Per Case	Number of Cases	Total Liters
Subtotal B:			

Total Liters (Subtotal A + Subtotal B):		X \$0.48 Tax =	
		Less MLCC Authorized Credit:	
		Penalty Payment(s) (MLCC Fee Code 4027):	
		<b>Total Payment Due:</b>	

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 \_\_\_\_\_