

Michigan Department of Licensing and Regulatory Affairs Liquor Control Commission (MLCC) Mailing address: P.O. Box 30005, Lansing, MI 48909

Toll-Free: 866-813-0011 - www.michigan.gov/lcc

siness Name:	License	Number:		Month & Year	:
dress:	City, Sta	ate & Zip Code:			
one: Fax number:			Email:		
Check here if no self-distributed sales this r Outstate Self-Distributor Monthly Report of S				stributed sales, c	omplete the
Total out-of-state spirits sales to retailers during ructions: 1. Enter the MLCC Code Number in Column 1.	ng the re	porting per	od (listed in gall	ons only):	
 Enter the description and size of each product separate Enter the number of bottles of each MLCC code of lique Enter the tax rate provided by the State of Michigan for Schedule provided to you by the MLCC or contact the Calculate the tax amount by multiplying the amounts in Add all the amounts in Column 5 and enter the Total P Make check payable to State of Michigan/MLCC. Pleas If applicable, complete the Outstate Self-Distributor Me 	or sold for or that size MLCC at 5 in Column layment Do ase write li onthly Rep sted in gall or the caler	or a month in Column 3. e of bottle in Column 4. See the Small Distiller/Distilled Spirits Tax Ray 517-284-6260 for this information. Ins 3 and 4 and entering the result in Column 5. Due at the bottom of Column 5. Ilicense number on check. Eport of Spirits Sales (LCC-822). Ballons only) during the reporting period, whether or not there were arendar year cannot exceed 3,000 gallons.			
. MLCC Code Number 2. Description & Siz	ze	3. Number of 4. Tax Rate Per Bottles Bottle		5. Tax Due	
ecessary, use additional pages to calculate tax on additiona	l items.	Transfer tota	ıl tax from additiona	al pages to this box:	
er the amount of any MLCC authorized credits to be sub			Less MLCC Authorized Credit: Shortage/Additional Taxes:		
ere indicated. Taxpayers must have MLCC approval prior to to dit on the tax report. Enter any penalties that you owe					
cated.	month	Subtotal (MLCC Fee Code 4025): Penalty Payment(s) (MLCC Fee Code 4027): Total Payment Due:			
E DATE: The 15th of the month following the man reported. This report must be filed each methor or not any transactions have occurred. Reported the postmarked after the 15th day of the rep	month orts or				
iments nostmarked atter the 15th day of the ren	orting nd 1%	Make check payable to State of Michigan/MLCC		n/MLCC	

Print Name of Licensee & Title

Signature of Licensee

Outstate Self-Distributor Monthly Spirits Tax Report (LC-821) - Additional Page 1 (Use If Necessary)

MLCC Licensee	MLCC License	Month 9 Voor
Name:	Number:	Month & Year:

1. MLCC Code Number	2. Description & Size	3. Numb Bottle	er of	4. Tax Rate Per Bottle	5. Tax Due
		Δα	ditional Pa	age 1 Subtotal:	

Outstate Self-Distributor Monthly Spirits Tax Report (LC-821) - Additional Page 2 (Use If Necessary)

MLCC Licensee	MLCC License	Month 9 Voor
Name:	Number:	Month & Year:

1. MLCC Code Number	2. Description & Size	3. Number of Bottles	4. Tax Rate Per Bottle	5. Tax Due

Additional Page 2 Subtotal:

Outstate Self-Distributor Monthly Spirits Tax Report (LC-821) - Additional Page 3 (Use If Necessary)

MLCC Licensee	MLCC License	Month 9 Voor
Name:	Number:	Month & Year:

Rate Per 5. Tax Due	4. Tax Rate Per Bottle	3. Number of Bottles	2. Description & Size	1. MLCC Code Number