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|--|--|--|--------------------|-----------|-----------|--|-----------|---------------------------|-----------|-----|------|--|-------------------------------------|--|
| EXCISE ACCOUNT | | SPIRITS PRODUCTS (VMS) - SECONDARY MANUFACTURING WAREHOUSE (130-DAY CYCLE) | | | | | | DA 260 | | | | | | |
| LICENSED WAREHOUSE NAME >>>> PHYSICAL ADDRESS >>>> >>>> >>>> >>>> | | | | | | WAREHOUSE NUMBER >>>> EXCISE CLIENT CODE >>>> YEAR & MONTH(S) >>>> FROM DATE >>>> TO DATE >>>> | | | | | | | | |
| PRODUCT CODE | | BLENDED | | | | | | | | | | | | |
| PRODUCT DESCRIPTION | | BRD | | POBR | | UOBR | | WKY | | RUM | | | | |
| TARIFF ITEM(S) | | 104.23.01 | 104.23.03 | 104.23.02 | 104.23.04 | 104.23.05 | 104.23.07 | 104.23.09 | 104.23.11 | | | | | |
| | | Packed | Unpacked | Packed | Unpacked | Packed | Unpacked | Packed | Unpacked | | | | | |
| STATISTICAL UNIT | | LA | | | | | | | | | | | | |
| Receipts of Blended Product | | DA 260.03 | | | | | | | | | | | | |
| SUBTOTAL | | | | | | | | | | | | | | |
| Less Non-Duty Paid Removals | | DA 260.04 | | | | | | | | | | | | |
| = Total On Which Duty Must Be Paid | | | | | | | | | | | | | | |
| | | DUTY CALCULATION (130-DAY CYCLE) | | | | | | | | | | | | |
| EXCISE VALUE FOR DUTY PAID REMOVALS (per tariff item) | | | | | | | | | | | | | | |
| TOTAL: EXCISE VALUE FOR DUTY PAID REMOVALS | | R - | | | | | | | | | | | | |
| DECLARATION | | | | | | | | | | | | | | |
| (Name & Surname) IN MY CAPACITY AS FOR (Licensee Name) HEREBY DECLARE THAT ALL INFORMATION ON THIS DOCUMENT IS TRUE AND CORRECT. SIGNATURE _____ DATE _____ | | Dutiable QTY | | | | | | | | | | | | |
| | | Rate of Duty | | | | | | | | | | | | |
| | | Duty Payable | | | | | | | | | | | | |
| | | Overpayment | | | | | | | | | | | | |
| | | Underpayment | | | | | | | | | | | | |
| | | Less | | | | | | GROSS EXCISE DUTY PAYABLE | | | | | | |
| | | Less | | | | | | Gross Over-Payment | | | | | | |
| | | Less | | | | | | Credit (110-Day Cycle) | | | | | | |
| | | Plus | | | | | | SUBTOTAL | | | | | | |
| | | = | | | | | | Gross Under-Payment | | | | | | |
| | | = | | | | | | NET EXCISE DUTY PAYABLE | | | | | | |
| FOR OFFICIAL USE ONLY | | | | | | | | | | | | | | |
| CONSOLIDATED DECLARATIONS | | | ASSURANCE ACTIVITY | | | NAME | | SIGNATURE | | | DATE | | DATE RECEIVED | |
| Code Number Date | | | Accepted | | | | | | | | | | (OFFICIAL DATE STAMP AND SIGNATURE) | |
| | | | Face Checked | | | | | | | | | | | |
| | | | Compliance Checked | | | | | | | | | | | |
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