

Form BT-100

Alcoholic Beverages Tax

Application for Permission to Import Into Connecticut Alcoholic Beverages From Within the United States for Personal Consumption

You **must** complete and file this application, together with **Form S&BT**, *Payment of Taxes Due on the Importation of Alcoholic Beverages into Connecticut*, with the Department of Revenue Services (DRS) at the above address. Only upon your receipt of the approved application from the DRS are you permitted to import into Connecticut the alcoholic beverages referenced below. See **Informational Publication 2019(8)**, *Bringing or Importing Alcoholic Beverages into Connecticut*.

Part 1 - Applicant Information

You must be 21 years of age or older to file this application.

Name of applicant		Date alcohol received ▶
Date of birth	Telephone number - -	Social Security Number (SSN) ▶
Address (number and street, city, state, and ZIP code)		

Part 2 - Provider Information

Name of provider where alcoholic beverages were or will be purchased
Address (number and street, city, state, and ZIP code)

Part 3 - Declaration and Signature

This application is for the importation of alcoholic beverages from outside the State of Connecticut, but within the territorial limits of the United States. I am reporting _____ gallons (not to exceed 5) of alcoholic beverages for my personal consumption. I have not made any application to import alcoholic beverages into Connecticut during the sixty-day period preceding the date of this application.

Date of last application (If none, so indicate): _____

Declaration: I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Taxpayer signature	Title	Date
Print taxpayer name	Telephone number - -	Taxpayer SSN
Paid preparer signature	Preparer's SSN or PTIN	
Preparer's address		

This section to be completed by the Department of Revenue Services.

Date of receipt:	<input type="text"/>	Date action taken:	<input type="text"/>
Action taken:	<input type="checkbox"/> Application granted	By:	<input type="text"/>
	<input type="checkbox"/> Application denied	Signature	<input type="text"/>
		Title	<input type="text"/>