

**DEPARTMENT OF THE TREASURY  
BUREAU OF ALCOHOL, TOBACCO AND FIREARMS  
EXCISE TAX RETURN**

*(Prepare in duplicate - See instructions on back)*

<b>2. FORM OF PAYMENT</b> <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> EFT <input type="checkbox"/> OTHER (Specify) _____	<b>1. SERIAL NUMBER</b>  <b>3. AMOUNT OF PAYMENT</b> \$ _____  <b>NOTE:</b> PLEASE MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE BUREAU OF ALCOHOL, TOBACCO AND FIREARMS (SHOW EMPLOYER IDENTIFICATION NUMBER ON ALL CHECKS OR MONEY ORDERS)								
<b>4. RETURN COVERS (Check one)</b> <input type="checkbox"/> PREPAYMENT <input type="checkbox"/> PERIOD BEGINNING _____ ENDING _____	<b>FOR ATF USE ONLY</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>TAX</td><td>\$</td></tr> <tr><td>PENALTY</td><td></td></tr> <tr><td>INTEREST</td><td></td></tr> <tr><td>TOTAL</td><td>\$</td></tr> </table> EXAMINED BY: _____  DATE EXAMINED: _____	TAX	\$	PENALTY		INTEREST		TOTAL	\$
TAX		\$							
PENALTY									
INTEREST									
TOTAL	\$								
<b>5. DATE PRODUCTS TO BE REMOVED (For Prepayment Returns Only:)</b>									
<b>6. EMPLOYER IDENTIFICATION NUMBER</b> <b>7. PLANT, REGISTRY, OR PERMIT NUMBER</b>									
<b>8. NAME AND ADDRESS OF TAXPAYER (Include ZIP Code)</b>									

**CALCULATION OF TAX DUE (Before making entries on lines 18 - 21, complete Schedules A and B)**

PRODUCT (a)	AMOUNT OF TAX (b)
9. DISTILLED SPIRITS	\$
10. WINE	
11. BEER	
12. CIGARS	
13. CIGARETTES	
14. CIGARETTE PAPERS AND/OR CIGARETTE TUBES	
15. CHEWING TOBACCO AND/OR SNUFF	
16. PIPE TOBACCO AND/OR ROLL-YOUR-OWN TOBACCO	
<b>17. TOTAL TAX LIABILITY (Total of lines 9-16)</b>	\$ 0.00
18. ADJUSTMENTS INCREASING AMOUNT DUE (From line 29)	0.00
<b>19. GROSS AMOUNT DUE (Line 17 plus line 18)</b>	\$ 0.00
20. ADJUSTMENTS DECREASING AMOUNT DUE (From line 34)	0.00
<b>21. AMOUNT TO BE PAID WITH THIS RETURN (Line 19 minus line 20)</b>	\$ 0.00

Under penalties of perjury I declare that I have examined this return (including any accompanying explanations, statements, schedules, and forms) and to the best of my knowledge and belief it is true, correct, and includes all transactions and tax liabilities required by law or regulations to be reported.

<b>22. DATE</b>	<b>23. SIGNATURE</b>	<b>24. TITLE</b>
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**SCHEDULE A - ADJUSTMENTS INCREASING AMOUNT DUE**

EXPLANATION OF INDIVIDUAL ERRORS OR TRANSACTIONS (a)	AMOUNT OF ADJUSTMENTS		
	(b) TAX	(c) INTEREST	(d) PENALTY
25.	\$	\$	\$
26.			
27.			
28. SUBTOTALS OF COLUMNS (b), (c) and (d)	\$ 0.00	\$ 0.00	\$ 0.00
29. TOTAL ADJUSTMENTS INCREASING AMOUNT DUE (Line 28, Col (b) + (c) + (d)) Enter here and on line 18.			\$ 0.00

**SCHEDULE B - ADJUSTMENTS DECREASING AMOUNT DUE**

EXPLANATION OF INDIVIDUAL ERRORS OR TRANSACTIONS (a)	AMOUNT OF ADJUSTMENTS	
	(b) TAX	(c) INTEREST
30.	\$	\$
31.		
32.		
33. SUBTOTALS OF COLUMNS (b) and (c)	\$ 0.00	\$ 0.00
34. TOTAL ADJUSTMENTS DECREASING AMOUNT DUE (Line 33, Col (b) + (c)) Enter here and on line 20.		\$ 0.00

## INSTRUCTIONS

1. Prepare ATF F 5000.24, Excise Tax Return, in duplicate. The return shall cover all tax liabilities incurred or discovered during the tax period.
2. Prepare a separate ATF F 5000.24 for each distilled spirits plant, bonded wine cellar or winery, brewery, tobacco products factory, or cigarette papers and tubes factory from which you make removals subject to tax.
3. ATF Form 5000.24 shall be used as both a prepayment tax return and a deferred payment tax return. Except as noted below, you must file ATF F 5000.24 for each tax return period, whether or not you prepaid all tax liabilities incurred during the period. Exceptions: (a) distilled spirits plant proprietors who do not have an approved bond covering the deferred payment of taxes; (b) proprietors of bonded wine cellars or wineries who have no tax due, per 27 CFR 24.271, or who are eligible to pay annually per 27 CFR 24.273; (c) manufacturers of tobacco products who have complied with the provisions of 27 CFR 270.162; and (d) manufacturers of cigarette papers and tubes who have complied with the provisions of 27 CFR 285.25.
4. Export warehouse proprietors transmitting remittances for unassessed liabilities (27 CFR 290.67) shall prepare ATF F 5000.24. The proprietor shall complete items 2, 3, 6-8, and 22-24. Also complete appropriate line items under Calculation of Tax Due and make any necessary explanation in item 35.
5. **ITEM 1.** Begin with "1" January 1 of each year. Use a separate series of numbers with the prefix "P" to designate prepayment returns. Begin with "P-1" to designate the first prepayment return filed on or after January 1 of each year.
6. If this form contains pre-printed information in items 6, 7 or 8, and the information is incorrect, make the necessary corrections by crossing out any errors and printing the correct information in the same area. If there is no pre-printed information in these areas, print or type the required information in the spaces provided.
7. **ITEM 6.** Enter your employer identification number here and on all checks or money orders which accompany your return. If you have not been assigned an employer identification number, you must obtain and file Form SS-4 with your local Internal Revenue Service office.
8. **LINES 9-21.** Show on the appropriate line or lines the amount of tax being prepaid or, if the return covers a tax return period, the tax liability incurred during the period. If the return covers a tax return period, you must include at lines 9-16 all tax liabilities incurred during the period even if you have already prepaid the tax. (You will show prepayments in Schedule B as adjustments decreasing the amount due.)  
  
Brewers must calculate the amount of tax reported at Line 11 using net taxable removals during the return period. For any return period, net taxable removals equal the total number of barrels removed for consumption or sale minus the total number of barrels returned to the brewery from which removed during the same period.
9. **SCHEDULE A.** Use Schedule A to report adjustments increasing the amount due (for example, an error in a previous return period that resulted in an underpayment of tax). In addition, proprietors of distilled spirits plants shall use Schedule A to report the tax and interest, if any, on unexplained shortages of bottled distilled spirits, as required by 26 U.S.C. 5008(a)(1)(C), and proprietors of small winery premises who overestimated their wine credits shall compute the tax and interest as required by 27 CFR 24.279(a).
10. **SCHEDULE B.** Use Schedule B to report adjustments decreasing the amount due (for example, an error in a previous return period that resulted in an overpayment of tax). Prepayments of tax, claims approved for credit of tax, the number of gallons and the applicable tax credit allowed for being a small winery, and other authorized adjustments shall be reported in Schedule B. You may carry over to Schedule B of your next tax return the unused portion of any approved tax credits or adjustments.
11. **EXPLANATION OF ADJUSTMENTS.** You must fully explain adjustments reported in Schedules A and B. Identify any prepayments by serial number of the tax return on which the tax was prepaid. Identify approved claims by claim number. In all other cases, you must enter, as a minimum, the date of the transaction (*the date of an error, the date a shortage was found, etc.*), the identity and quantity of the product involved in the adjustment, and the reason for the adjustment. If necessary, use the space above and/or attach a separate sheet to explain adjustments fully.
12. **INTEREST.** The law provides for the payment of interest on underpayments and overpayments of tax. Interest, if applicable, will be computed at the rate prescribed by 26 U.S.C. 6621 and reported as a separate entry in Schedule A or B. To avoid paying interest on unexplained shortages of bottled distilled spirits, you must report the shortage on the tax return covering the period in which you discovered the shortage. Interest is not allowed on adjustments involving the prepayment of tax or approved claims for credit of tax (*unless the approved claim specifically authorized such interest*).  
  
Compute the interest on underpayments from the due date of the return in error to the date of payment. Compute the interest on overpayments from the date of overpayment to the due date of the return on which the credit is taken.
13. Enter "NONE" in Schedule A or Schedule B if there is no transaction.
14. Payment must accompany this form except when the payment is by electronic funds transfer (EFT).
15. Mail this return to the appropriate address:
 

Alabama, Arkansas, Colorado, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Virginia, West Virginia, Wisconsin, Wyoming	Bureau of ATF Excise Tax P. O. Box 360958 Pittsburgh, PA 15251-6958
Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont	Bureau of ATF Excise Tax P. O. Box 360144 Pittsburgh, PA 15251-6144
Alaska, Arizona, California, Hawaii, Idaho, Montana, Nevada, Oregon, Utah, Washington	Bureau of ATF Excise Tax P. O. Box 371517 Pittsburgh, PA 15251-7517
16. Retain the duplicate copy of ATF F 5000.24 for your records.

## PAPERWORK REDUCTION ACT NOTICE

This request is in accordance with the Paperwork Reduction Act of 1995. The purpose of this information is to identify taxpayers, the period covered, and the amount of tax due for each tax return. The information is used by the Government to ensure that the correct tax payment was made and received. The information is mandatory by statute (26 U.S.C., 5061, 5703).

The estimated average burden associated with this collection is .25 hours per respondent or recordkeeper depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Reports Management Officer, Document Services Branch, Bureau of Alcohol, Tobacco and Firearms, Washington, D.C. 20226.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.