Rev. 6/14

Massachusetts Department of Revenue

Form AB-10
Report of Alcoholic Beverages Shipped into Massachusetts

By (name of manufacturer, brewer or wholesaler) | Report for the month of | Year

Federal Identification number | Social Security number

○ Amended return ○ Change of address

Mailing address | City/Town | State | Zip

Due within 20 days following the close of the month being reported. Mail to: **PO Box 7012, Boston, MA 02204.**

Date	Invoice number	Name and address of consignee in Massachusetts	Kind of beverage	Quantity in gallons

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(continuation)

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