

Schedule L Out-of-state Sellers' Shipment Report

	ule before completion if you need to res), make a photocopy and retain the co					
Step 1: Identify you Name:	Account ID:					
Address:	License number: LM					
Number and street						
City	State/Province ZIP					
Country/Territory:	Liability period:/ (Month/Year) Telephone: () Ext:					
		-	•		EXI.	
Step 2: Tell us abo	ut the alcoholic liquors yo	ou shippe		Ilinois Equivalent in	wine gallons	
Invoice no. FEIN of and date whom you sold and shipped to	Name and complete address of whom you sold and shipped to			Alcohol 14 %	Alcohol > 14% and < 20%	Alcohol 20% or more
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