

(Read the instructions before completing the form.)

Tax number:		Registration number:	
Name:			
Registered office / address:			
Tax period:			

SMALL BEER PRODUCER	<input type="checkbox"/>	TEMPORARILY REGISTERED CONSIGNEE	<input type="checkbox"/>	
PRODUCER	<input type="checkbox"/>	REGISTERED CONSIGNOR	<input type="checkbox"/>	
REGISTERED CONSIGNEE	<input type="checkbox"/>	AUTHORISED EXCISE WAREHOUSEKEEPER	WHO MEETS THE CONDITIONS FOR A SMALL PRODUCER	<input type="checkbox"/>
HOLDER OF A DUTY-FREE SHOP PERMIT	<input type="checkbox"/>		WHO DOES NOT MEET THE CONDITIONS FOR A SMALL PRODUCER	<input type="checkbox"/>
CERTIFIED CONSIGNEE	<input type="checkbox"/>			
TEMPORARILY CERTIFIED CONSIGNEE	<input type="checkbox"/>			

OTHER EXCISE DUTY PAYERS	<input type="checkbox"/>	DISTANCE SELLING	<input type="checkbox"/>
--------------------------	--------------------------	------------------	--------------------------

Zap. št.	BEER		Quantity received from EU Member States	Quantity received from small beer producer (SBP) from EU Member State	Quantity released for consumption in Slovenia	Quantity released for consumption in Slovenia produced by SBP in EU Member State	Quantity released for consumption in Slovenia produced by SBP	Excise Duty Refund			Total excise in EUR
								Quantity	Refund amount in EUR	Legal basis	
(1)	(2)		(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1.	beer type	alcohol content (vol. %)	(hl)	(hl)	(hl)	(hl)	(hl)	(hl)			
1.1											
1.2											
1.3											
1.4											
1.5											
1.6											
1.7											
1.8											
2.	Excise duty liability for the tax period										
3.	Excise Duty Refund										
4.	Amount payable										

<b>Other information</b>	
Excise number of the temporarily authorized consignee:	
Excise number of the temporarily certified consignee:	
ARC / LRN reference number:	
Date of receipt of excise goods:	
<i>Place and date:</i>	I hereby confirm the accuracy of the stated information.  Signature of the excise duty taxpayer or responsible person

<b>OFFICIAL RECORD – completed by the tax authority</b>	
Office:	
Excise Duty Department:	
Date of submission:	
Date of confirmation:	
Reference number:	
Official person:	