



Washington State Liquor and Cannabis Board

Individual Importation and Declaration of Alcoholic Beverages in Excess of the Duty Free Imported Liquor under Federal Law (RCW 66.12.110, WAC 314-68)

Permission by the U.S. Customs and Border Protection (CBP) to bring into the state of Washington the following alcoholic beverages is contingent upon payment of the Washington State taxes listed below within **ten (10) calendar days** from the date of this declaration.

Personal check payment may be made directly to the: **WSLCB Finance Division
PO Box 3724
Seattle, WA 98124-3724**

Once your payment is sent to the Liquor and Cannabis Board, you are authorized to use alcoholic beverages for personal or household purposes, but not for sale or resale.

Mark this box if you wish to be sent a copy of the release form.

Group	Size	Qty	Rate	Subtotal
SPIRITS	375ml		\$2.85	
	750ml		\$5.69	
	1.75L		\$13.28	
	other size →		@ \$7.59 per liter	
Total				

Group	Size	Qty	Rate	Subtotal
WINE	375ml		\$0.09	
	750ml		\$0.17	
	1.5L		\$0.34	
	other size →		@ \$0.23 per liter	
Total				

Group	Size	Qty	Rate	Subtotal
CIDER	750ml		\$0.06	
	6-pack of 12oz units		\$0.17	
	other size →		@ \$0.08 per liter	
Total				

Group	Size	Qty	Rate	Subtotal
BEER	12oz		\$0.07	
	6-pack of 12oz units		\$0.43	
	other size →		@ \$0.20 per liter	
Total				

Conversion Legend

355ml bottle = 12 oz
1 oz = .02957 Liters
1 Liter = 33.814 oz

TOTAL TAXES DUE WSLCB \$ _____

Port of Entry _____

Car/plate number, Vessel, or Flight No. _____

U.S. CBP Officer _____

I hereby certify that the alcoholic beverages listed herein are for personal or household use not to be sold or resold. I also agree to make payment of the above amount to the Washington State Liquor and Cannabis Board within **ten (10) calendar days**, and to act as custodian for the alcoholic beverages, until I receive a release from the Board.

PLEASE PRINT:

Applicant's Name: _____ Date: _____
 Address: (Street) _____ Telephone: _____
 (City) _____ (State) _____ (Zip Code) _____
 Identification: Document _____
 Number _____

Applicant's Signature _____

U.S. CBP: **WHITE** copy to WSLCB by mail, fax 360-664-3208, or scan and e-mail to accountspayable@lcb.wa.gov
 Keep **CANARY** copy for your records or destroy

Applicant: Send **PINK** copy with remittance to the Washington State Liquor and Cannabis Board
 Keep **GOLDENROD** copy for your records.