



LIQUOR TAX PAYMENT VOUCHER
 NORTH DAKOTA OFFICE OF STATE TAX COMMISSIONER
 SFN 60417 (7-13)

95

Note: Mail a copy of this voucher along with your check, do not mail a copy of your coversheet and worksheet, these MUST be electronically filed per the Schedule's instructions. This voucher is not needed for ACH Debit payments.

| | | | |
|-------------------------------|-------|------------------------------------|--|
| Name of Company | | North Dakota License/Permit Number | |
| Address | City | State | |
| Reporting Period (year/month) | | Payment Amount | |
| Signature of Preparer | Title | Date | |

Mail to:
 Office of State Tax Commissioner
 Alcohol Tax Section
 600 E. Boulevard Ave., Dept. 127
 Bismarck, ND 58505-0599

| | |
|--|---|
| <p>(For Office Use Only) Postmark Date: (mm/dd/yyyy)</p> | <p>PLEASE DO NOT WRITE IN THIS SPACE</p> |
| | <p>95</p> |