Idaho Direct Shipper Report	
Reporting Period:	
Permit No.:	S-

Legal Name:		
Address:		
City:	State:	Zip:

Invoice No.	Order type	Purchase Date	Name	Address	Date of birth	Brand	Alc %	Qty	Total Price of Wine	Invoice total
			Line 1. Buyer							
	Sale type	Ship Date	Line 2. Shipped To			Product Description		Volume per bottle (l)	Tax	