



Alcoholic Beverages Tax Return

MT-456
(1/21)

Monthly filers: File each month on or before the 20th day of the following month.
Annual filers: File each calendar year on or before January 20th of the following year.

Period covered by this return:
From (mm/dd/yyyy) 8/1/2024 To (mm/dd/yyyy) 8/31/2024

Taxpayer identification number
0007-24-102828

Business telephone number
571-437-4488

Legal name
DI-OINOS.LLC

Mark an X in the applicable box

Mailing address (number and street or PO box)
494 3rd Ave

Cancel registration:
☐ Abbreviated annual return ☐ Liquor/Wine
☐ Amended return ☐ Beer
☐ Final return ☐ Cider

City State ZIP code
NEW YORK NY 10016

If you need to update your address or phone information, you can do so online. See Change of business information in the instructions.

Out-of-state direct wine shippers and noncommercial importers: Before completing this return, see instructions.

Inventories and purchases (Amounts must be reported in whole liters for columns A and B, and in whole gallons for columns C, D, and E. For lines 1, 2, 3, 5 and 6, see instructions)	A Liquor and wine containing more than 24% alcohol by volume (ABV) (whole liters only)	B Liquor containing more than 2%, but not more than 24% ABV (whole liters only)	C Wine 24% ABV or less (whole gallons only)	D Beer (whole gallons only)	E Cider (whole gallons only)
1 Amount on hand at beginning of period	1		0		
2 Purchases	2		592		
3 Amount produced	3		0		
4 Subtotal (add lines 1,2, and 3)	4		592		
5 Purchases used for production	5		0		
6 Amount on hand at end of period	6		9		
7 Add lines 5 and 6	7		9		
8 Amount to be accounted for (subtract line 7 from line 4)	8		583		

Computation of tax - New York State and New York City

9 Loss and waste (explain below; see instr.)	9			0		
Explain:						
10 Tax-paid purchases (see instructions)	10			0		
11 Nontaxable sales and use (see instructions)	11			0		
12 Out-of-state sales (see instructions)	12			218		
13 Total deductions (add lines 9 through 12)	13			218		
14 Net quantity taxable (subtract line 13 from line 8)	14			365		
15 Tax rate	15	\$ 1.70	\$ 0.67	\$ 0.30	\$ 0.14	\$ 0.379
16 Tax (multiply line 14 by line 15)	16			109.50		
17 Total New York State tax due (add amounts on line 16)	17				109.50	
18a New York City tax on liquor and wine containing more than 24% alcohol by volume (enter net taxable liters from Form MT-456-ATT)	18a			0		
18b New York City tax on beer (enter net taxable gallons from Form MT-456-ATT)	18b			0.12		
19 Total New York City tax due (add lines 18a and 18b)	19				0.00	

Payment of tax

20 Total tax due (add lines 17 and 19)	20	109.50	
21 Penalties and interest (see instructions)	21	0.00	
22 Total (add lines 20 and 21)	22	109.50	
23 Amount previously paid for this filing period (see instructions)	23		
24 Balance due (subtract line 23 from line 22; enter a minus (-) sign in front of any negative amounts; see instructions)	24	109.50	
25 Payment - Make check or money order payable in U.S. funds to: Commissioner of Taxation and Finance. Write on your check Form MT-456, your identification number, and the period you are reporting (see instr.)	25	109.50	Payment endorsed

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for office use only

Schedule A-Purchases schedule

See Form MT-4564, instructions for Forms MT-456 and MT-455-ATT, before completing this schedule. Attach additional sheets as necessary. For Product code, enter A for liquor and wine containing more than 24% ABV. Enter B for liquor containing more than 2%, but not more than 24% ABV, Enter C for ter C for wine (24% o or less ABV), D for beer, r, or E for cider. You must keep records to support all entries.

Legal Name	Taxpayer identification number	Period covered by this return	
DI-OINOS.LLC	0007-24-102828	From (mm/dd/yy): 8/1/2024	to (mm/dd/yy): 8/31/2024

Legal name and address of supplier (city/state)	EIN of supplier	Product code (see above)	Tax-paid purchases (liters/gallons)	Nontaxable purchases (liters/gallons)
DIONYSOS IMPORTS INC	54-1592735	C	593	0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0

Totals of tax-paid and nontaxable purchases for each product code

For each product code listed above, total the amounts and enter the result below and in the appropriate column (columns A through E) on page 1. For Total tax-paid purchases transfer to line 10 and for Total purchases, transfer to line 2.

Product Codes	Total tax-paid purchases	Total nontaxable purchases	Total purchases (total tax paid purchases + total nontaxable purchases)
Total of product code A (enter here and in column A)			
Total of product code B (enter here and in column B)			
Total of product code C (enter here and in column C)	592		592
Total of product code D (enter here and in column D)			
Total of product code E (enter here and in column E)			

Schedule B-Sales schedule

See Form MT-456-1 before completing this schedule. Attach additional sheets as necessary. For Product code, enter A for liquor and wine containing more than 24% ABV. Enter B for liquor containing more than 2%, but not more than 24% ABV, Enter C for wine (24% or less ABV), D for beer, or E for cider. You must keep records to support all entries.

Legal Name	Taxpayer identification number	Period covered by this return	
DI-OINOS.LLC	0007-24-102828	From (mm/dd/yy): 8/1/2024	to (mm/dd/yy): 8/31/2024

Legal name and delivery address of customer (city/state)	EIN of customer	Product code (see above)	Nontaxable sales and uses (liters/gallons)	Out-of-state sales (liters/gallons)
DIONYSOS IMPORTS, INC MANASSAS,VA	54-1592735	C	0	204
OTHER BROTHERS BRANDS, LLC NEWARK,NJ	26-1165810	C	0	14
			0	0
			0	0
			0	0
			0	0
			0	0
			0	0
			0	0
			0	0
			0	0

Totals of nontaxable sales and uses and out-of-state sales for each product code

For each product code listed above, total the amounts and enter the result below and in the appropriate column (columns A through E) on page 1. For Total nontaxable sales and uses transfer to line 11 and for Total out-of-state sales, transfer to line 12.

Product Codes	Total nontaxable sales and uses	Total out-of-state sales
Total of product code A (enter here and in column A)		
Total of product code B (enter here and in column B)		
Total of product code C (enter here and in column C)	0	219
Total of product code D (enter here and in column D)		
Total of product code E (enter here and in column E)		



Third-party designee (see instructions)	Yes ☐ No ☐	Designee's name (print)	Designee's phone number	
	Designee's email address		PIN	

Certification. I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Printed name of authorized person		Signature of authorized person		Official title	
	Email address of authorized person		Telephone number		Date	
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed)		Firm's EIN		Preparer's PTIN or SSN	
	Signature of individual preparing this return		Address		City	State ZIP code
	Email address of individual preparing this return		Preparer's NYTPRIN		or	Excl, code Date

See instructions for where to file.

