

**DEPARTMENT OF THE TREASURY**  
**ALCOHOL AND TOBACCO TAX AND TRADE BUREAU**  
**FORMULA AND PROCESS FOR NONBEVERAGE PRODUCT**

*(See instructions after page 2. Prepare in triplicate except as indicated.)*

DEPARTMENT OF THE TREASURY ALCOHOL AND TOBACCO TAX AND TRADE BUREAU <b>FORMULA AND PROCESS FOR NONBEVERAGE PRODUCT</b> <i>(See instructions after page 2. Prepare in triplicate except as indicated.)</i>			1. FORMULA NUMBER
			2. KIND (e.g. Alcohol, Rum) & PROOF SPIRITS ON WHICH DRAWBACK WILL BE CLAIMED
3. NAME OF PRODUCT	4. CHECK IF SAMPLE WILL BE SUBMITTED <input type="checkbox"/>	5. NUMBER OF DAYS TO COMPLETE PROCESS	
6. NAME OF MANUFACTURER & ADDRESS WHERE PRODUCT WILL BE PRODUCED <i>(If multiple production sites, list other addresses in item 22.)</i>	7. CHECK KIND OF PRODUCT <input type="checkbox"/> MEDICINE/MEDICINAL PREPARATION <input type="checkbox"/> FLAVOR/FLAVORING EXTRACT <input type="checkbox"/> FOOD PRODUCT <input type="checkbox"/> PERFUME <input type="checkbox"/> DIETARY SUPPLEMENT		8. FORMULAS SUPERSEDED
	9. ELIGIBLE ABSOLUTE ALCOHOL BY VOLUME USED <i>(See instructions)</i>  <span style="float: right;">%</span>		10. ALCOHOL CONTENT BY VOLUME OF FINISHED PRODUCT  <span style="float: right;">%</span>

11. IF MADE WITH RECOVERED SPIRITS ELIGIBLE PLUS RECOVERED ABSOLUTE ALCOHOL BY VOLUME USED. <i>(See instructions)</i>  <span style="float: right;">%</span>	12. IF FINISHED PRODUCT IS TO BE USED IN ALCOHOLIC BEVERAGES: A. DOES PRODUCT CONTAIN NATURAL FLAVORING? (YES OR NO) _____ B. DOES PRODUCT CONTAIN GREATER THAN 0.1% ARTIFICIAL FLAVORING (Excluding Vanillin, Ethyl Vanillin, Maltol, and Ethyl Maltol)? (YES OR NO) _____ C. STATE PARTS PER MILLION IN PRODUCT OF: SYNTHETIC VANILLIN _____ ETHYL VANILLIN _____ SYNTHETIC MALTOL _____ ETHYL MALTOL _____ D. DOES PRODUCT CONTAIN ANY COLOR ADDITIVE? _____ IF YES, WHICH? _____ E. ARE ALL INGREDIENTS APPROVED BY FDA FOR USE WITHOUT LIMITATION OR RESTRICTION? (YES OR NO) _____
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13. FORMULA AND PROCESS *(Use additional space in Box 22 if necessary)*

14. CONTACT PERSON <i>(Include Area Code and Phone No. and E-mail Address)</i>	15. SIGNATURE & TITLE OF APPLICANT OR AUTHORIZED AGENT	16. DATE
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**FOR TTB USE ONLY**

17. LABORATORY SAMPLE NUMBER	18. ACTION
19. ALCOHOL BY VOLUME %	
20. ANALYST	
21. DATE	

A large, empty rectangular box with a thin black border, occupying the majority of the page. It is intended for the user to provide a continuation of the information for item 22.

## INSTRUCTIONS

- A. Before filling out this form read carefully Subpart F of Part 17, Title 27, Code of Federal Regulations. Submit a separate formula for each nonbeverage product made with tax paid distilled spirits on which drawback is claimed (*except current U.S.P., N.F., and H.P.U.S. preparations for which quantitative formulas are not required*).
- B. This form must be filed within 6 months after the end of the quarter in which distilled spirits were first used to manufacture the product for drawback. Submit to: Chief, Non beverage Products Laboratory, 6000 Ammendale Road, Ammendale, MD 20705-1250. Submit in triplicate; however, if the product will be manufactured at more than one location, submit two additional copies for each additional location.
- C. **ITEM 1.** Formula numbers begin with number "1" for the first submission and progress sequentially with future submissions. For numbering when formulas will be used at more than one plant, see 27 CFR 17.121(c).
- D. **ITEM 2.** Include intermediate products (see 27 CFR 17.154).
- E. **ITEM 3.** The name must reflect the type of product. For example, a "natural peach flavor" should contain all natural ingredients as well as real peach. If it does not contain peach, it could be called "natural peach type flavor."
- F. **ITEM 4.** Submission of samples is voluntary, unless specifically required under 27 CFR 17.124. If it is known that a sample will be submitted, either with the formula or under separate cover, please check the box.
- G. **ITEM 5.** State the number of days it takes to manufacture the product. If it takes only a few hours to mix it, but takes an additional day to filter it, that should be noted.
- H. **ITEM 6.** State the manufacturing location. If you wish the form to be returned to another address, enclose an addressed, stamped envelope.
- I. **ITEM 7.** Indicate the type of product. Cough syrups and cold relief products are considered medicine/medicinal preparations. Cakes and similar products are considered to be food products, while products such as lemon extracts are considered flavors. Submit commercial labels or facsimiles and any available supporting data for bitters (*flavoring or medicinal*) and for any other product that cannot be readily classified in the product types listed.
- J. **ITEM 8.** State the number(s) of any formulas to be replaced by the current submission. If formula(s) being superseded have been approved for use at plant(s) other than the one in item 8, specify such plant(s).
- K. **ITEM 9.** Divide the number of proof gallons of eligible alcohol used in manufacturing and standardizing the product by twice the yield of finished product (*in wine gallons*). Multiply the result by 100. For example, if 32 proof gallons are used to make 100 gallons of product, "16 %" would be entered in item 9. If the finished product is not a liquid, express as "proof gallons per batch." Eligible alcohol includes alcohol contained in intermediate products (*as defined in 27 CFR 17.11*) but **NOT** alcohol contained in nonbeverage products, being used as ingredients, on which drawback may be claimed separately. If a range is stated, include the reason(s) for variation (*item 22 may be used for this*).
- L. **ITEM 10.** State the actual percentage of absolute alcohol by volume in the finished product. Include all alcohol, both eligible and ineligible. This is the percentage of alcohol that would be found by analysis. If the product is not a liquid, state the proof gals. of alcohol remaining in a given quantity (*by weight*) of finished product.
- M. **ITEM 11.** Answer only if recovered alcohol will be used. Add the quantities, in proof gals., of all eligible spirits used (*including eligible spirits recovered from intermediate products*) AND all ineligible recovered spirits used; then divide by twice the yield of finished product (*wine gals.*), and multiply the result by 100. A range may be stated. If the finished product is not a liquid, express as "proof gallons per batch."
- N. **ITEM 12.** Answer only if product is for use in alcoholic beverages. Definitions of "natural" and "artificial" are found in FDA regulations, 21 CFR 101.22. "Color additive" is defined in FDA regulations, 21 CFR 70.3. If the answer to question E is "No," limited or restricted ingredients must be noted as such in item 13, including quantity used.
- O. **ITEM 13.** List the name, quantity, and alcohol content, if any (*by volume*), of each ingredient used. Either metric or English measure may be used. Usage of ingredients containing alcohol and the yield of liquid products must be expressed in wine gals. Include proof gallons of eligible spirits and recovered spirits used. Give the product name and TTB formula no. (*from TTB Form 5154.1 or ATF F 1678*) of alcoholic ingredients if self-manufactured. If purchased, give the manufacturer's name, the name of the product, and the TTB formula number, if known. Example:

### NATURAL AND ARTIFICIAL VANILLA FLAVOR:

Vanilla Extract 10 Fold  
(35% alcohol, purchased from  
X Company, Formula No. 102) ..... 473 ml (.125 wine gal.)

Vanilla Flavor 2 Fold  
(30% alcohol, our drawback  
Formula No. 422)..... 1892 ml (.5 wine gal.)

Vanillin ..... 30g.

Alcohol - 190 proof ..... 946 ml (.25 wine gal.)  
(Eligible for drawback) (.475 proof gal.)

Water Q.S. to ..... 3785 ml (1 wine gal.)

If additional spirits may need to be added for standardization after all the ingredients called for by the formula have been mixed together, please so state. Identify any colors by their official FDA designations (*e.g. caramel, FD&C Yellow No. 5*). Describe the manufacturing process (*i.e. simple mixture, maceration, percolation, etc.*). Show the approximate loss of spirits, if any, during processing (*i.e. filtration, evaporation, etc.*), and indicate what quantity of alcohol, if any, is recovered. If the manufacturing process involves separate stages, fully describe them and indicate the alcohol content (*as a percent by volume*) at the end of each stage. If item 9 and/or 11 is expressed as "p.g./batch" (*nonliquid products*), item 13 must show the standard batch size. Formulas for preserved fruits and alcoholic candies must be accompanied by a sample.

- P. **ITEM 15.** The applicant or his/her authorized agent must sign in the space provided and indicate the capacity in which he/she is signing (*e.g. sole proprietor, attorney-in-fact, etc.*)
- Q. This form can be obtained online at <http://www.ttb.gov/forms/5000.shtml> or by calling 1-877-882-3277 or by mail at the National Revenue Center, 550 Main St, Ste 8002, Cincinnati, OH 45202-5215.

## PAPERWORK REDUCTION ACT NOTICE

This request is in accordance with the Paperwork Reduction Act of 1995. This form is used by TTB to determine if the product is nonbeverage in character so that the manufacturer may file for drawback of taxes. The information is required to obtain a benefit.

The estimated burden associated with this collection of information is 30 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to the Reports Management Officer, Regulations and Rulings Division, Alcohol and Tobacco Tax and Trade Bureau, Washington, DC 20220.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current, valid OMB control number.