

WINE SHIPMENTS

KEY POINTS:

- 1) Without the **COMPLETE WINE PACKET** (1. The U.S. Customs *FORMS* that we ask you to fill out + 2. The *IMPORT PERMIT* (when applicable) from the State you are moving to + 3. *PROOF* of payment of import taxes requested prior shipping by the State you are moving to (when applicable) + 4. *WINE INVENTORY* (our blank form must be completed in all its parts), WE CANNOT PROCEED WITH THE BOOKING OF THE SHIPMENT OF YOUR PERSONAL PROPERTY.

2) WINE INVENTORY:

- Remember to indicate, on the last page, the TOTAL NUMBER of the bottles you intend to ship with your HHG
- Remember to calculate the TOTAL VALUE of all your bottles together in U.S. DOLLARS

POWER OF ATTORNEY INSTRUCTIONS

US Customs Regulations Section 141.46 states, "Before transacting customs business in the name of his principal, a Customhouse broker is required to obtain a valid Power of Attorney to do so." Therefore, in order to handle importations through US Customs in your name, we must have on file your Power of Attorney. This Power of Attorney is limited to US Customs matters only.

Attached is a blank Power of Attorney form in the preferred format, Customs Form 5291. Please follow the instructions carefully. To assist you in completing the form, we have numbered each item to match the corresponding instruction.

If you are a Corporation, complete items 1, 2, 6, 7, 8, 9, 10, 11

If you are an Individual, Partnership, Sole Proprietorship, Limited Liability Company (LLC) or Unincorporated Association, complete items 1, 3, 4, 5, 6, 7, 8, 9, 10, & 11.

CUSTOMS FORM 5291:

1. Full, legal name of Individual, Partners, Corporation, LLC, Unincorporated Association or Owner (of sole proprietorship). If you are importing for your own personal account, fill in your full name. If the Power of Attorney is for a partnership, fill in the full, legal names of each partner (if more space is required, attach a rider listing the names. If you attach a rider, so indicate on the Power of Attorney in the appropriate item). If you are a corporation, fill in the full legal name of the corporation. If you are a sole proprietor, fill in the full, legal name of the owner.
2. Indicate the name of the State under whose laws you are incorporated (if a corporation -- otherwise leave blank).
3. Indicate if individual, partnership, or sole proprietor (if corporation or unincorporated association, leave blank).
4. Enter the assumed name under which you do business (if applicable - otherwise leave blank).
5. Enter your residence address for the individual, each partner or the owner of a sole proprietorship (if more room is needed, see instructions for rider in item 1).
6. Enter your business address.
7. Enter the date you want the Power of Attorney to expire, if you wish to limit it. We advise to add as date 100 days after your RDD to allow sufficient time for customs clearance. If not limited, the document is valid until revoked by written notification to the District Director of Customs in the district where it is filed. Partnership powers of attorney automatically expire 2 years from date of issue.
8. Enter name that appears in item 1.
9. **Signature of authorizing individual:**
 - > For individual, him/herself
 - > For Partnership, one partner
 - > For Corporation, officer of the corporation (e.g. President, Vice President, Secretary or Treasurer of the Corporation, or Chief Financial Officer). **Note if the party signing has any other title than mentioned additional documentation supporting that the individual has the legal authority to bind the corporation may be required .**
 - > For Sole Proprietorship, the owner.
10. Enter name and title or capacity of the signor.
11. Enter date the document is signed.

SPECIAL REQUIREMENTS FOR FOREIGN CORPORATIONS:

Foreign Corporations completing this form must also provide documentation establishing the authority of the grantor designated to execute the Power of Attorney on behalf of the corporation. This can take the form of a letter on corporate letterhead signed by a second corporate officer in which he states that the person signing the actual Power of Attorney is authorized to do so by the corporation.

Salesperson _____

Branch _____

✓ appropriate box: ☒ Individual

☐ Partnership

☐ Corporation

☐ Sole Proprietorship

☐ Limited Liability Company

Department of the Treasury

U.S. Customs Service, and

Acknowledgement of Terms and Conditions of Service

IRS# / SS# **XXXX-XX-**

KNOW ALL MEN BY THESE PRESENTS THAT (1) _____

a corporation doing business under the laws of the State of (2) _____ or a

(3) **INDIVIDUAL** _____ doing business as (4) _____, residing at

(5) _____

and having an office and place of business at (6) _____.

hereby appoints _____ ITS HEIRS AND ASSIGNS, AND ANY OF THEIR WHOLLY OWNED SUBSIDIARIES, THROUGH ANY OF THEIR LICENSED OFFICERS AND DULY EMPOWERED EMPLOYEES, AND/OR SPECIFICALLY AUTHORIZED AGENTS, TO ACT FOR SUCH CORPORATION BY POWER OF ATTORNEY FILED BY THE CORPORATION WITH THE DISTRICT DIRECTOR OF CUSTOMS, *

as a true and lawful agent and attorney of the grantor named above for and in the name, place, and stead of said grantor from this date and in all Customs District(s) and in no other name to make, endorse, sign, declare, or swear to any Customs entry, withdrawal, declaration, certificate, bill of lading, carnet or other documents required by law or regulation in connection with the importation, transportation, or exportation of any merchandise shipped or consigned by or to said grantor; to perform any act or condition which may be required by law or regulation in connection with such merchandise; to receive any merchandise deliverable to said grantor.

To make endorsements on bills of lading, conferring authority to make entry and collect drawback, and to make, sign, declare, or swear to any statement, supplemental statement, schedule, supplemental schedule, certificate of delivery, certificate of manufacture, certificate of manufacture and delivery, abstract of manufacturing records, declaration of proprietor or drawback entry, declaration of exporter on drawback entry, or any other affidavit or document which may be required by law or regulation for drawback purposes, regardless of whether such bill of lading, sworn statement, schedule, certificate, abstract, declaration, or other affidavit or document is intended for filing in said district or in any other customs district.

To sign, seal, and deliver for and as the act of said grantor any bond required by law or regulation in connection with the entry or withdrawal of imported merchandise or merchandise exported with or without benefit of drawback, or in connection with the entry, clearance, lading, unlading or navigation of any vessel or other means of conveyance owned or operated by said grantor, and any and all bonds which may be voluntarily given and accepted under applicable laws and regulations, consignee's and owner's declarations provide for in section 485, Tariff Act of 1930, as amended or affidavits in connection with the entry of merchandise.

To sign and swear to any document and to perform any act that may be necessary or required by law or regulation in connection with the entering, clearing, lading, unlading, or operation of any vessel or other means of conveyance owned or operated by said grantor.

And generally to transact customs business, including marking, signing, and filing of protests under section 514 of the Tariff Act of 1930, in which said grantor is or may be concerned or interested and which may properly be transacted or performed by an agent and attorney, giving to said agent and attorney full power and authority to do anything requisite and necessary to be done in the premises as fully as said grantor could do if present and acting, hereby ratifying and confirming all that the said agent and attorney shall lawfully do by virtue of these presents: the foregoing power of attorney to remain in full force and effect until the (7) _____ day of _____, or until notice of revocation in writing is duly given to and received by the grantee. If the donor of this power of attorney is a partnership, the said power shall in no case have any force or effect after the expiration of 2 years from the date of its receipt in the office of the District Director of Customs of the said district(s).

*With power to authorize other Customs Brokers duly licensed within the territory to act as grantor's agent; to receive, endorse and collect checks issued for Customs duty refunds in grantor's name drawn on the Treasurer of the United States; if the grantor is a nonresident of the United States, to accept service of process on behalf of the grantor.

If the Grantor is a Limited Liability Company, the signatory certifies that he/she has full authority to execute this power on behalf of the Grantor.

Section 111.29 (b) (1) CFR 19

If you are the importer of record, payment to the broker will not relieve you of liability for customs charges (duties, taxes, or other debts owed U.S. Customs) in the event charges are not paid by the broker. Therefore, if you pay by check, Customs charges may be paid with a separate check payable to the "U.S. Customs Service" which can be delivered to Customs by the broker. Importers who wish to utilize this procedure must contact our office in advance to arrange timely receipt of duty checks.

I have read all of the above, and fully understand and assure that the Terms and Conditions of Service govern all transactions between the parties.

IN WITNESS HEREOF, the said (8) _____

Has caused these presents to be sealed and signed: (signature) (9) _____

Capacity (10) **OWNER** _____ Date (11) _____

DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

**DECLARATION FOR FREE ENTRY
OF UNACCOMPANIED ARTICLES**

19 CFR 148.6, 148.52, 148.53, 148.77

FORM APPROVED OMB NO. 1651-0014 Exp. 09-30-2019

Paperwork Reduction Act Statement: An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1651-0014. The estimated average time to complete this application is 45 minutes. The obligation to respond to this information collection is mandatory to obtain benefits. If you have any comments regarding the burden estimate you can write to CBP PRA Officer, U.S. Customs and Border Protection, Office of Regulations and Rulings, 10th floor, 90K Street NE., Washington DC 20229-1177.

PART I -- TO BE COMPLETED BY ALL PERSONS SEEKING FREE ENTRY OF ARTICLES (Please consult with the CBP official for additional information or assistance. REMEMBER--All of your statements are subject to verification. False declarations or failure to declare articles could result in penalties.)

1. IMPORTER'S NAME (Last, first and middle) x	2. IMPORTER'S DATE OF BIRTH	3. IMPORTER'S DATE OF ARRIVAL
4. IMPORTER'S U.S. ADDRESS x	5. IMPORTER'S PORT OF ARRIVAL	
6. NAME OF ARRIVING VESSEL CARRIER AND FLIGHT/TRAIN		
7. NAME(S) OF ACCOMPANYING HOUSEHOLD MEMBERS (wife, husband, minor children, etc.)		

8. THE ARTICLES FOR WHICH FREE ENTRY IS CLAIMED BELONG TO ME AND/OR MY FAMILY AND WERE IMPORTED	A. DATE	B. NAME OF VESSEL/CARRIER	C. FROM (Country)	D. B/L OR AWB OR I.T. NO.
E. NUMBER AND KINDS OF CONTAINERS	F. MARKS AND NUMBERS			

PART II -- TO BE COMPLETED BY ALL PERSONS EXCEPT U.S. PERSONNEL AND EVACUEES

9. RESIDENCY ("X" appropriate box) I declare that my place of residence abroad <input type="checkbox"/> is <input checked="" type="checkbox"/> was	A. NAME OF COUNTRY ITALY	B. LENGTH OF TIME Yr. Mo.
C. RESIDENCY STATUS UPON MY/OUR ARRIVAL ("X" One) <input checked="" type="checkbox"/> (1) Returning resident of the U.S. <input type="checkbox"/> (2) Nonresident:	<input type="checkbox"/> a. Emigrating to the U.S. <input type="checkbox"/> b. Visiting the U.S.	
10. STATEMENT(S) OF ELIGIBILITY FOR FREE ENTRY OF ARTICLES I the undersigned further declare that ("X" all applicable items and submit packing list) :		
A. Applicable to RESIDENT and NONRESIDENT <input checked="" type="checkbox"/> (1) All household effects acquired abroad for which free entry is sought were used abroad for at least one year by me or my family in a household of which I or my family was a resident member during such period of use, and are not intended for any other person or for sale. (9804.00.05, HTSUSA) <input type="checkbox"/> (2) All instruments, implements, or tools of trade, occupation or employment, and all professional books for which free entry is sought were taken abroad by me or for my account or I am an emigrant who owned and used them abroad. (9804.00.10, 9804.00.15, HTSUSA)		
B. Applicable to RESIDENT ONLY <input type="checkbox"/> All personal effects for which free entry is sought were taken abroad by me or for my account. (9804.00.45, HTSUSA)		
C. Applicable to NONRESIDENT ONLY <input type="checkbox"/> (1) All household effects acquired abroad for which free entry is sought were used abroad for at least one year by me or my family in a household of which I or my family was a resident member during such period of use, and are not intended for any other person or for sale. (9804.00.05, HTSUSA) <input type="checkbox"/> (2) Any vehicles, trailers, bicycles or other means of conveyance being imported are for the transport of me and my family and such incidental carriage of articles as are appropriate to my personal use of the conveyance. (9804.00.35, HTSUSA)		

PART III -- TO BE COMPLETED BY U.S. PERSONNEL AND EVACUEES ONLY

I, the undersigned, the owner, importer, or agent of the importer of the personal and household effects for which free entry is claimed, hereby certify that they were in direct personal possession of the importer, or of a member of the importer's family residing with the importer, while abroad, and that they were imported into the United States because of the termination of assignment to extended duty (as defined in section 148.74(d) of the Customs Regulations) at a post or station outside the United States and the CBP Territory of the United States, or because of Government orders or instructions evacuating the importer to the United States; and that they are not imported for sale or for the account of any other person and that they do not include any alcoholic beverages or cigars. Free entry for these effects is claimed under Subheading No. 9805.00.50, Harmonized Tariff Schedule of the United States.

1. DATE OF IMPORTER'S LAST DEPARTURE FROM THE U.S.	2. A COPY OF THE IMPORTER'S TRAVEL ORDERS IS ATTACHED AND THE ORDERS WERE ISSUED ON:
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PART IV -- TO BE COMPLETED BY ALL PERSONS SEEKING FREE ENTRY OF ARTICLES (Certain articles may be subject to duty and/or other requirements and must be specifically declared herein. Please check all applicable items and list them separately in item D on the reverse.)

A. For U.S. Personnel, Evacuees, Residents and Non-Residents <input type="checkbox"/> (1) Articles for the account of other person. <input type="checkbox"/> (2) Articles for sale or commercial use. <input type="checkbox"/> (3) Firearms and/or ammunition. <input checked="" type="checkbox"/> (4) Alcoholic articles of all types or tobacco products. <input type="checkbox"/> (5) Fruits, plants, seeds, meats, or birds. <input type="checkbox"/> (6) Fish, wildlife, animal products thereof.		B. For Residents and Non-Residents ONLY <input type="checkbox"/> (7) Foreign household effects acquired abroad and used less than one year. <input type="checkbox"/> (8) Foreign household effects acquired abroad and used more than one year.	
C. For Resident ONLY <input checked="" type="checkbox"/> (9) Personal effects acquired abroad. <input type="checkbox"/> (10) Foreign made articles acquired in the United States and taken abroad on this trip or acquired abroad on another trip that was previously declared to CBP. <input type="checkbox"/> (11) Articles taken abroad for which alterations or repairs were performed abroad.			

D. LIST OF ARTICLES

(1) ITEM NUMBER CHECKED IN PART IV, A., B., C.	(2) DESCRIPTION OF MERCHANDISE	(3) VALUE OF COST OF REPAIRS	(4) FOREIGN MERCHANDISE TAKEN ABROAD THIS TRIP: State where in the U.S. the foreign merchandise was acquired or when and where it was previously declared to CBP.

PART V -- CARRIER'S CERTIFICATE AND RELEASE ORDER

The undersigned carrier, to whom of upon whose order the articles described in PART I, 8., must be released, hereby certifies that the person named in Part I, 1., is the owner or consignee of such articles within the purview of section 484(h), Tariff Act of 1930.

In accordance with provisions of section 484(h), Tariff Act of 1930, authority is hereby given to release the articles to such consignee.

1. NAME OF CARRIER	2. SIGNATURE OF AGENT (Print and sign) Date
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PART VI -- CERTIFICATION TO BE COMPLETED BY ALL PERSONS SEEKING FREE ENTRY

I, the undersigned, certify that this declaration is correct and complete.

1. "X" One

☐ A. Authorized Agent* (From facts obtained from the importer)

☒ B. Importer

2. SIGNATURE

3. DATE

x

*An Authorized Agent is defined as a person who has actual knowledge of the facts and who is specifically empowered under a power of attorney to execute this declaration (see 19 CFR 141.19, 141.32, 141.33).

PART VII -- CBP USE ONLY
(Inspected and Released)

1. SIGNATURE OF CBP OFFICIAL

2. DATE



DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

OMB APPROVAL NO. 1651-0022
EXPIRATION DATE 01/31/2021
ESTIMATED BURDEN 10 MIN

ENTRY SUMMARY

1. Filer Code/Entry No.		2. Entry Type		3. Summary Date	
4. Surety No.		5. Bond Type		6. Port Code	
7. Entry Date					
8. Importing Carrier		9. Mode of Transport		10. Country of Origin ITALY	
11. Import Date		12. B/L or AWB No.		13. Manufacturer ID	
14. Exporting Country ITALY		15. Export Date			
16. I.T. No.		17. I.T. Date		18. Missing Docs	
19. Foreign Port of Lading		20. U.S. Port of Unlading			
21. Location of Goods/G.O. No.		22. Consignee No.		23. Importer No.	
24. Reference No.					
25. Ultimate Consignee Name and Address City State Zip				26. Importer of Record Name and Address City State Zip	
27.		28. Description of Merchandise			
32.		33.		34.	
A. Entered Value		A. HTSUS Rate		Duty and I.R. Tax	
B. CHGS		B. ADA/CVD Rate		Dollars Cents	
C. Relationship		C. IRC Rate			
D. Visa No.					
Line No.		29. A. HTSUS No. B. ADA/CVD No.		30. A. Grossweight B. Manifest Qty.	
31. Net Quantity in HTSUS Units					
#		# SEE ATTACHED LIST			
Other Fee Summary for Block 39		35. Total Entered Value \$		CBP USE ONLY	
Total Other Fees \$		REASON CODE		TOTALS	
36. DECLARATION OF IMPORTER OF RECORD (OWNER OR PURCHASER) OR AUTHORIZED AGENT				37. Duty	
I declare that I am the <input type="checkbox"/> Importer of record and that the actual owner, purchaser, or consignee for CBP purposes is as shown above, OR <input type="checkbox"/> owner or purchaser or agent thereof. I further declare that the merchandise <input type="checkbox"/> was obtained pursuant to a purchase or agreement to purchase and that the prices set forth in the invoices are true, OR <input type="checkbox"/> was not obtained pursuant to a purchase or agreement to purchase and the statements in the invoices as to value or price are true to the best of my knowledge and belief. I also declare that the statements in the documents herein filed fully disclose to the best of my knowledge and belief the true prices, values, quantities, rebates, drawbacks, fees, commissions, and royalties and are true and correct, and that all goods or services provided to the seller of the merchandise either free or at reduced cost are fully disclosed. I will immediately furnish to the appropriate CBP officer any information showing a different statement of facts.				38. Tax	
41. DECLARANT NAME		TITLE		SIGNATURE	
42. Broker/Filer Information (Name, address, phone number)		43. Broker/Importer File No.		DATE	