



KANSAS DEPARTMENT OF REVENUE
ALCOHOLIC BEVERAGE CONTROL DIVISION
915 SW HARRISON
TOPEKA, KANSAS 66625-3512
785-296-7015

**INDIVIDUAL'S GALLONAGE TAX RETURN FOR ALCOHOLIC LIQUOR
TRANSPORTED FROM WITHIN THE UNITED STATES INTO KANSAS
INSTRUCTIONS**

WHO IS REQUIRED TO USE THIS FORM?

Persons who transport alcoholic liquor, for their personal use and not for resale, into Kansas from **within the borders of the United** that they have previously purchased and/or possessed.

DUE DATE:

The tax return and payment must be filed **prior** to transporting alcoholic liquor from within the United States into Kansas.

DEFINITIONS:

ALCOHOLIC LIQUOR: Any alcohol, spirits, wine, beer and every liquid or solid containing alcohol, spirits, wine or beer and capable of being consumed as a beverage. Does not include cereal malt beverage.

ALCOHOL and SPIRITS: Any beverage containing alcoholic liquor that is not defined below.

BEER: Contains more than 3.2% alcohol by weight.

FLAVORED MALT BEVERAGE – STRONG: Malt beverage with added flavors. Contains more than 4% alcohol by volume.

FORTIFIED WINE: Contains 14.1% alcohol by volume or more.

LIGHT WINE: Wine Contains 14% alcohol by volume or less.

INSTRUCTIONS TO COMPLETE THE INDIVIDUAL'S GALLONAGE TAX RETURN:

Refer to How to Convert Container Capacities to Gallons (ABC-208) on our ABC Website. Go to this link: <http://www.ksrevenue.org/abcliqreg.htm>

Part A – Tax Return

1. Complete the demographic information. **Please print all information.**
2. Enter the DATE the alcoholic beverage is to be transported into Kansas.
3. Enter the total number of GALLONS that you are reporting for the corresponding PRODUCT TYPE you wish to transport into Kansas. Report whole gallons only.
4. Multiply each number of gallons by the corresponding TAX RATE and enter that amount in the appropriate TAX AMOUNT column.
5. Enter the amount in the TOTAL GALLONAGE TAX DUE box at the bottom of the form.
6. Sign and date the Gallonage Tax Return (ABC-206).
7. Retain a copy for your records.

Part B – Itemized List of Alcoholic Liquor

1. Complete the demographic information.
2. Complete the itemized list.

FILING AND PAYMENT OF GALLONAGE TAX:

Prior to transporting your alcoholic liquor:

1. Complete all tax computations on the Individual's Gallonage Tax Return (ABC-206).
2. Attach payment in the form of a check, bank draft or money order in United States funds payable to the "Kansas Department of Revenue".
3. File the Individual's Gallonage Tax form Part A and B (ABC-206) with payment by sending to the address at the top of the tax return.

CONTACT INFORMATION:

Questions may be directed to the ABC Marketing Unit at the number on the tax return. E-mails are preferred at ABC_Marketing_Unit@kdor.state.ks.us.



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TRANSPORTED FROM WITHIN THE UNITED STATES INTO KANSAS
PART A – GALLONAGE TAX RETURN

As required by K.S.A. 41-104(a) and 41-501(b)(2)

NAME: _____		SSN: _____	
PHONE: _____		FAX: _____	
E-MAIL ADDRESS: _____			
TRANSPORTING FROM ADDRESS: _____			
		City	State
TRANSPORTING TO ADDRESS: _____			
		City	State
TRANSPORTATION DATE(S): _____			

PRODUCT TYPE:	NUMBER OF GALLONS:		TAX RATE PER GALLON:		TAX AMOUNT:
Alcohol and Spirits (IGAS)		X	\$2.50	=	\$
Beer (IGBR)		X	\$0.18	=	\$
Flavored Malt Beverage – Strong (IFMB)		X	\$0.18	=	\$
Fortified Wine (IGFW)		X	\$0.75	=	\$
Light Wine (IGLW)		X	\$0.30	=	\$
TOTAL GALLONAGE TAX DUE =					\$

I have calculated the Kansas Gallonage Tax imposed by K.S.A. 41-501 et seq for the alcoholic liquor listed above that I have previously purchased and/or possessed within the borders of the United States and am now transporting into the State of Kansas. I certify that this alcoholic liquor is for the personal use of my family, my guests and myself and not for resale within the State of Kansas.

Attached is my check, bank draft or money order payable to the "Kansas Department of Revenue".

I declare under penalties of perjury that to the best of my knowledge and belief this is a true, correct and complete return.

Signature Date

ABC USE ONLY:

Approved By Date



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PART B - ITEMIZED LIST OF ALCOHOLIC LIQUOR

NAME: _____	SSN: _____		
ADDRESS: _____			
PHONE: _____	FAX: _____	City _____	State _____

No.	Product Type *	Product Name	Size	Quantity	Number of Gallons
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

* PRODUCT TYPE:
 AS = Alcohol and Spirits
 SB = Beer (3.3% ABW or more)
 FS = Flavored Malt Beverage – Strong (4.1%ABV and more)
 FW = Fortified Wine (14.1% ABV or more)
 LW = Light Wine (14% ABV or less)