

KANSAS DEPARTMENT OF REVENUE
ALCOHOLIC BEVERAGE CONTROL DIVISION
GALLONAGE TAX BEER – MICROBREWERY MONTHLY REPORT

License No. _____ Form month of _____, _____

Microbrewery Name

Street Address

City

Zip Code

Complete the form in duplicate, retaining one copy for your files. Send original with check, bank draft or money order to:

ALCOHOLIC BEVERAGE CONTROL DIVISION
DOCKING STATE OFFICE BUILDING
915 SW HARRISON ST
TOPEKA, KS 66625

Tax Report is due by the **tenth** of the month for the previous month's productions.

RECORD OF TAXABLE BEER PRODUCTION

	BARRELS	TAX RATE	TAX DUE	
BEER TRANSFERRED FROM BREWING VATS TO HOLDING VATS		\$5.58		

Adjustments from prior month: \$ _____

TOTAL TAX DUE: \$ _____

	¼ Bbl.	½ Bbl.	½ Gal.	12 Oz/		
BEER SOLD TO DISTRIBUTORS						
BEER SOLD FOR OFF-PREMISE CONSUMPTION						

I declare, under penalty of perjury and evasion, that I am familiar with the books, papers and records of the business from which this report was prepared and that this report has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Signature _____ Subscribed and sworn before me this _____ day of _____, _____

Title _____ Notary Public _____ My Commission expires _____