



Kansas Department of Revenue
 Alcoholic Beverage Control Division
 915 S.W. Harrison Street, Room 214
 Topeka, KS 66625-3512
 Phone: 785-296-7015 Fax: 785-296-7185

KANSAS SUPPLIERS' MONTHLY REPORT OF SHIPMENTS TO KANSAS DISTRIBUTORS

REPORT PERIOD		Month:	Year:
Supplier Name		Kansas Supplier Permit No. 19 - 00 - - - - -	
Business Mailing Address			
City		State	Zip Code
Person Completing Report		E-Mail Address	
Telephone Number		FAX Number	

I do not have any shipments to report this month. Spreadsheet attached

PURCHASE ORDER NUMBER	SHIPMENT DATE	DISTRIBUTOR NAME	PURCHASE ORDER NUMBER	SHIPMENT DATE	DISTRIBUTOR NAME

This report must be filed by the 15th day of the following month. You are required to file this report even if you have no shipments to report.

All records shall be maintained for three years and shall be available for inspection by the Director or any agent or employee of the Director or Secretary upon request. DO NOT SEND INVOICES.

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

SIGNATURE _____ TITLE _____
State whether individual owner, member of firm, or title if officer of corporation.

DATE _____