STATE OF KANSAS

ALCOHOLIC BEVERAGE CONTROL
109 SW 9th STREET
P.O. BOX 3506
TOPEKA KS 66601-3506

DEPARTMENT OF REVENUE
PHONE: 785-296-7015
FAX: 785-296-7185
www.ksrevenue.org/abc.html

DISTRIBUTORS' MONTHLY REPORT OF SALES - CONTINUED

Distributor Name: _____ **FEIN:** _____ **Month:** _____ **Year:** _____

No.	Product Type	Code	Buyer's License / Permit Number	Invoice Number	Invoice Date	GTIN/SCC (Optional)	UNIMERC	Selling Units	Product Unit Size	Unit of Measure	Shipment Quantity	Shipment Unit of Measure	Unit Price

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.