

STATE OF KANSAS



ALCOHOLIC BEVERAGE CONTROL  
 109 SW 9<sup>th</sup> STREET  
 P.O. Box 3506  
 TOPEKA KS 66601-3506

DEPARTMENT OF REVENUE  
 PHONE: 785-296-7015  
 FAX: 785-296-7185  
[www.ksrevenue.org/abcindex.html](http://www.ksrevenue.org/abcindex.html)

**KANSAS NON-BEVERAGE USER MONTHLY REPORT OF PURCHASES**

<b>REPORT PERIOD:</b>		<b>Month:</b>	<b>Year:</b>
Purchaser DBA Name		License Number	
Business Mailing Address			
City	State	Zip Code	
Person Completing Report		E-mail Address	
Telephone Number		Fax Number	

I do not have any purchases to report this month.

Spreadsheet attached\*

DATE RECEIVED	PURCHASE ORDER NUMBER	PURCHASED FROM		NUMBER OF GALLONS PURCHASED	
		NAME	LICENSE NUMBER** OR ADDRESS	Alcohol	Wine

**This report must be filed by the 15<sup>th</sup> day of the following month. You are required to file this report even if you have no purchases 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 \_\_\_\_\_

\*You may attach a spreadsheet with column headings that are exactly the same to report your purchase information.  
 \*\*Enter the license number for purchases from a Kansas Distributor, Farm Winery, Manufacturer, Microbrewery or Microdistillery.