Alcoholic Beverage Control 109 SW 9th Street, 5th Floor PO Box 3506 Topeka KS 66601-3506



Phone: 785-296-7015 Fax: 785-296-7185 kdor_abc.licensing@ks.gov www.ksrevenue.gov/abc.html

KANSAS NON-BEVERAGE USER MONTHLY REPORT OF PURCHASES

REPORT PERIOD:			Month:	Year:	
Purchaser DBA Name			License Number		
Business Mailin	ng Address		I.		
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* NUMBER OF GALLONS					
DATE RECEIVED	PURCHASE ORDER NUMBER	PURCH	PURCHASED FROM		
		NAME	LICENSE NUMBER** OR ADDRESS	Alcohol Wine	
This report must be filed by the 15 th 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					
		quest. DO NOT SEND INVOICES			
declare under p	penalties of perjury that	to the best of my knowledge and belief	this is a true, correct and complete return.		
SIGNATURE			TITLEState whether individual owner, member of firm, o	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.