

DISTRIBUTORS' MONTHLY REPORT OF PURCHASES INSTRUCTIONS

WHO IS REQUIRED TO FILE THIS REPORT?

All licensed Kansas beer, wine and spirits distributors.

DUE DATE:

This monthly report is due on or before the 15th day of the calendar month following the month in which the distributor acquires possession of alcoholic liquor. **This report must be filed even if you have no purchases to report.**

INSTRUCTIONS TO COMPLETE THE MONTHLY REPORT OF PURCHASES:

1. Complete the month, year and your FEIN.
2. Complete distributor name, demographic and contact information.
3. Complete information listed for each invoice.

If you have no purchases to report, check the box "I do not have any purchases this month".

EXPLANATION OF COLUMN HEADINGS:

1. **No.** Line number on form.
2. **Product Type.** Enter the corresponding product type from the list below:
AS = Alcohol and Spirits
FW = Fortified Wine (16.1% ABV or more)
LW = Light Wine (16% ABV or less)
SB = Strong Beer (4.1% ABV or more)
SF = Flavored Malt Beverage – Strong (more than 4% ABV)
SW = Flavored Malt Beverage – Weak (4% ABV or less)
WB = Cereal Malt Beverage (3.2% ABW or less)
3. **Code.** Enter the appropriate code. See explanation of codes below.
4. **Kansas Permit or License Number.** Enter the Supplier Permit or the license number of the Kansas farm winery, microbrewery, microdistillery or manufacturer.
5. **Purchase Order Number.** Enter the purchase order number.
6. **Purchase Order Received Date.** Enter the date the purchase order was received.
7. **GTIN.** Global Trading Identification Number. This is an optional field.
8. **Item Number.** Enter the Kansas product Item Number.
9. **Selling Units.** Enter number of items in the container.
10. **Product Unit Size.** Enter the size of the individual container, i.e. 750.
11. **Product Unit of Measure.** Enter the unit of measure of the individual container, i.e. ml.
12. **Received Quantity.** Enter the quantity of selling units received or accepted.
13. **Received Unit of Measure.** Enter the unit or basis of measurement received. Use only the following codes: BR (barrel); CA (case); EA (each); and, PK (pack).

EXPLANATION OF CODES:

- 01 = Taxable Product Received. Product purchased from suppliers with a valid Kansas Supplier Permit.
- 02 = Non-Taxable Product Received. Product received from licensed Kansas Farm Winery, Microbrewery, Microdistillery or Manufacturer. Note: These licensees have already paid gallonage tax at the time of manufacture.
- 04 = Intrastate Transfers. Product purchased from a licensed Kansas Distributor.

FILING OF DISTRIBUTORS' MONTHLY REPORT OF PURCHASES:

After completing all required information, file the Distributors' Monthly Report of Purchases with the Kansas Department of Revenue. There are two methods to file this report: Electronically using EDI; or, filing a paper report.

CONTACT INFORMATION:

Questions may be directed to the ABC Marketing Unit.

- Phone: 785-296-7015
- Email: KDOR_ABC.Marketing.Unit@ks.gov

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

MONTH: _____ YEAR: _____ FEIN: _____

DISTRIBUTORS' MONTHLY REPORT OF PURCHASES

DISTRIBUTOR NAME: _____ PHONE: _____
 ADDRESS: _____ CITY: _____ KS ZIP CODE: _____
 CONTACT PERSON: _____ EMAIL ADDRESS: _____

I do not have any purchases to report this month.

| No. | Product Type | Code | Kansas Permit of License Number | Purchase Order Number | Purchase Order Received Date | GTIN/SCC (Optional) | Item Number | Selling Units | Product Unit Size | Product Unit of Measure | Received Quantity | Received Unit of Measure |
|-----|--------------|------|---------------------------------|-----------------------|------------------------------|---------------------|-------------|---------------|-------------------|-------------------------|-------------------|--------------------------|
| 1 | | | | | | | | | | | | |
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| 11 | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | |

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

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