

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.gov/abc.html

KANSAS DISTRIBUTORS' MONTHLY REPORT OF PURCHASES - CONTINUED

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

No.	Product Type	Code	Vendor's Kansas Supplier Permit, Farm Winery or Microbrewery License Number	Purchase Order Received Number	Purchase Order Received Date	GTIN/SCC (Optional)	UNIMERC	Selling Units	Product Unit Size	Unit of Measure	Received Quantity	Received Unit of Measure

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.