

<p align="center">KANSAS SPECIAL ORDER SHIPPING ANNUAL GALLONAGE TAX RETURN AND SALES REPORT INSTRUCTIONS</p>
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WHO IS REQUIRED TO USE THIS FORM?

All Out-of-State Special Order Shipping licensees are required to file this return and report annually. You are required to file this return and report even if you have no Kansas sales to report.

DUE DATE:

The tax return, payment and report are based on the calendar year and are due on or before the 15th day of January following the end of the calendar year you are reporting.

INSTRUCTIONS TO COMPLETE THE SPECIAL ORDER SHIPPING GALLONAGE TAX RETURN:

1. Enter the report year, your FEIN, Special Order Shipping license number, DBA name, demographic and contact information.
2. If you have no sales to report this year, check the box provided, enter a zero in the "Total Tax Due" box and go to #5.
3. Enter the total number of GALLONS that you are reporting for the corresponding PRODUCT TYPE (Fortified Wine or Light Wine).
4. Multiply each number of gallons by the corresponding TAX RATE and enter that amount in the appropriate TAX DUE column.
5. Sign (or digitally sign) the return in the space provided.

INSTRUCTIONS TO COMPLETE THE SPECIAL ORDER SHIPPING ANNUAL REPORT OF SALES:

1. Enter your Special Order Shipping license number, the report year and enter your FEIN.
2. Complete your Special Order Shipping License DBA name, and contact information.
3. If you have no shipments to report this year, check the box "I have no shipments to Kansas consumers this year" and go to #5.
4. To report shipments, complete information listed below for each order sent to Kansas consumers:
 - A. **Shipment Date.** Enter the date the product was shipped to the customer. Report all orders received during the calendar year you are reporting for, even if they have not been shipped.
 - B. **Tracking Number.** Enter the tracking number for wine shipped. This will be required for all shipments of wine beginning 2020.
 - C. **Customer Name.** Enter the name of the Kansas customer who placed the order.
 - D. **Customer Address.** Enter the Kansas mailing address where the wine was shipped.
 - E. **City.** Enter the city where the wine was shipped.
 - F. **Zip Code.** Enter the zip code where the wine was shipped.
 - G. **Quantity Shipped.** Enter the number of wine bottles you shipped.
 - H. **Size Shipped.** Enter the size you shipped. i.e. 750 ml
 - I. **Gallons Shipped:** *(Round up to the nearest gallon).*
 - **Fortified Wine.** Enter the number of gallons shipped.
 - **Light Wine.** Enter the number of gallons shipped.
 - J. **Order Total.** Enter the total amount charged for wine only. Do not include any gallonage, liquor enforcement taxes, shipping charges nor charges for non-alcoholic products in this total.
5. Sign (or digitally sign) the report in the space provided.

FILING AND PAYMENT OF KANSAS SPECIAL ORDER SHIPPING GALLONAGE TAX RETURN:

There are three methods to file and pay your gallonage tax and submit your sales report:

- Complete the ABC-1040 and mail with your check, money order or bank draft. You can email your sales report to the address listed below.
- File electronically through the Kansas Customer Service Center (KCSC) with Electronic Funds Transfer (EFT) payment.
- File electronically through the KCSC and pay with your check, money order or bank draft.

CONTACT INFORMATION:

Questions may be directed to the ABC Licensing Unit.
Phone: 785-296-7015
Email: KDOR_ABC.Licensing@KS.GOV



KANSAS SPECIAL ORDER SHIPPING ANNUAL GALLONAGE TAX RETURN AND SALES REPORT

YEAR: _____

FEIN: _____

KANSAS SPECIAL ORDER SHIPPING LICENSE NUMBER: _____

DBA NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP CODE: _____

CONTACT PERSON: _____

E-MAIL ADDRESS: _____

I have no sales to Kansas consumers this year.

PRODUCT TYPE:	CODE:	GALLONS:		TAX RATE:		TAX DUE:
Fortified Wine (14.1% ABV or more) (FSOS)	01		X	\$0.75 / Gallon	=	\$

PRODUCT TYPE:	CODE:	GALLONS:		TAX RATE:		TAX DUE:
Light Wine (14% ABV or less) (LSOS)	01		X	\$0.30 / Gallon	=	\$

TOTAL GALLONAGE TAX DUE = \$

CODES:
 01= Wine Shipped to Kansas Consumers

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

SIGNATURE _____ DATE _____

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



Phone: 785-296-7015
 Fax: 785-296-7185
www.ksrevenue.gov/abcindex.html

**KANSAS SPECIAL ORDER SHIPPING ANNUAL
 GALLONAGE TAX RETURN AND SALES REPORT**

LICENSE NUMBER: _____

YEAR: _____

FEIN: _____

DBA Name: _____	CONTACT PERSON: _____
E-MAIL ADDRESS: _____	PHONE: _____

I have no shipments to Kansas consumers this year.

Shipment	Tracking Number	Customer Name	Address	City	Zip	Quantity	Size	Gallons Shipped:		Order
								Fortified Wine	Light	
										\$
										\$
										\$
										\$
										\$
										\$
										\$
										\$
										\$
										\$
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										\$
										\$
										\$

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

SIGNATURE _____ DATE _____

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