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



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## **DISTRIBUTORS' MONTHLY REPORT OF SALES - CONTINUED**

Distributor Name:						_ FEIN:			Month:			_ Year:		
No.	Product Type	Code	Buyer's License / Permit Number	Invoice Number	Invoice Date	GTIN/SCC (Optional)	UNIMERC	Selling Units	Product Unit Size	Unit of Measure	Shipment Quantity	Shipment Unit of Measure	Unit Price	
						<u> </u>								
decla	re under per	alties of	perjury that to the best o	of my knowled	ge and belief	this is a true, c	orrect and com	plete retur	n.					
SIGNATURE TITL					TITLE	ITLEtate whether individual owner, member of firm or title if officer of corporation.								
					State wh	ether individual o	wner, member of	firm or title it	f officer of corpo	oration.				
												Pa	ige of	