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

Kansas Department of Revenue

Phone: 785-296-7015
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kdor_abc.licensing@ks.gov
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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.