



Kansas Department of Revenue  
Alcoholic Beverage Control Division  
915 S.W. Harrison Street, Room 214  
Topeka, KS 66625-3512  
Phone: 785-296-7015 Fax: 785-296-7185

## 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 15<sup>th</sup> 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 (14.1% ABV or more)  
LW = Light Wine (14% 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. **Vendor's Kansas Permit or License Number.** Enter the Supplier Permit or the license number of the Kansas farm winery, microbrewery or manufacturer.
4. **Purchase Order Received Date.** Enter the date the purchase order was received.
5. **GTIN.** Global Trading Identification Number. This is an optional field.
6. **UNIMERC.** Enter the number assigned by DISCUS or the brewery code.
7. **Selling Units.** Enter number of items in the container.
8. **Product Unit Size.** Enter the size of the individual container, i.e. 750.
9. **Unit of Measure.** Enter the size of the container measurement, i.e. ml.
10. **Received Quantity.** Enter the quantity unit received or accepted.
11. **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 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. If you elect to file a paper report, only this form (ABC-217 and ABC-218 Rev. 7.1.11) will be accepted as all other versions (ABC-217 and ABC-218) are obsolete. If obsolete forms are files, they will be rejected and returned to you.

### **CONTACT INFORMATION:**

Questions may be directed to the ABC Marketing Unit.

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



**KANSAS DEPARTMENT OF REVENUE  
 ALCOHOLIC BEVERAGE CONTROL DIVISION  
 915 SW HARRISON  
 TOPEKA, KANSAS 66625-3512  
 PHONE: 785-296-7015**

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	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
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												

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.