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

KANSAS NON-BEVERAGE USER MONTHLY REPORT OF PURCHASES

REPORT PERIOD:	Month: Year:	
DBA Name	License No.	
Business Mailing Address		
City	State	Zip Code
Person Completing Report	E-Mail Address	
Telephone Number	FAX Number	

☐ **I do not have any purchases to report this month.** ☐ **Spreadsheet attached***

DATE RECEIVED	PURCHASE ORDER NUMBER	PURCHASED FROM		NUMBER OF GALLONS PURCHASED	
		NAME	LICENSE NUMBER** OR ADDRESS	ALCOHOL	WINE

This report must be filed by the 15th day of the following month. You are required to file this report even if you have no purchases to report.

All records shall be maintained for three years and shall be available for inspection by the Director or any agent or employee of the Director or Secretary upon request. DO NOT SEND INVOICES.

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.

DATE _____

*You may attach a spreadsheet with column headings that are exactly the same to report your purchase information.
**Enter the license number for purchases from a Kansas distributor, farm winery, manufacturer or microbrewery.