Kansas
Department of Revenue
Alcoholic Beverage Control

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

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.