61A508 (11-05)

Commonwealth of Kentucky DEPARTMENT OF REVENUE

Office of Property Valuation Public Service Branch 200 Fair Oaks Lane, Fourth Floor Station 32 Frankfort, Kentucky 40620 (502) 564-8175

ANNUAL REPORT OF DISTILLED SPIRITS IN BONDED WAREHOUSE

AS OF JANUARY 1, _____

Kentud UNBRIDLED SPIRI

This return must be filed with the Office of Property Valuation between January 1 and February 1.

Name of Taxpayer GNC No. DSP No. FEIN/SSN					5 6 7 1 9 10 12 13 14 15 16 17 19 20 21 22 23 24 22 26 27 28
Billing Address Name					
Name		Name o	f Taxpayer		
Name	GNC No.	DSP No		FEIN/SSN	
Name	Name				
Name Address City State ZIP Code Telephone No. () Fax No. () E-Mail Company Contact Name and Title Name Address Address City State ZIP Code Telephone No. () Fax No. () E-Mail State ZIP Code Telephone No. () Fax No. () E-Mail Refer All Nonbilling Correspondence To Name and Title Name Address City State ZIP Code Telephone No. () Fax No. () E-Mail Refer All Nonbilling Correspondence To Name and Title Name Address City State ZIP Code Telephone No. () Fax No. () E-Mail State ZIP Code Telephone No. () Fax No. () E-Mail For agents, etc., a current power of attorney must be on file with the Kentucky Department of Revenue.		Billin	g Address		
Name Address City State ZIP Code Telephone No. () Fax No. () E-Mail Company Contact Name and Title Name Address Address City State ZIP Code Telephone No. () Fax No. () E-Mail State ZIP Code Telephone No. () Fax No. () E-Mail Refer All Nonbilling Correspondence To Name and Title Name Address City State ZIP Code Telephone No. () Fax No. () E-Mail Refer All Nonbilling Correspondence To Name and Title Name Address City State ZIP Code Telephone No. () Fax No. () E-Mail State ZIP Code Telephone No. () Fax No. () E-Mail For agents, etc., a current power of attorney must be on file with the Kentucky Department of Revenue.	Name				
Address City State ZIP Code Telephone No. State Company Contact Company Contact	Name				
City State ZIP Code	Address				
Company Contact Name and Title	City	State	Eav No	ZIP Code	
Name and Title Name					
Name					
Address	Name and Title				
Address City State ZIP Code Telephone No. () Fax No. () E-Mail Refer All Nonbilling Correspondence To Name and Title Name Address Address City State ZIP Code ZI					
City State ZIP Code E-Mail Refer All Nonbilling Correspondence To Name and Title Name Address ZIP Code ZIP Code Telephone No State ZIP Code ZIP Code Telephone No State ZIP Code ZIP Code Telephone No State ZIP Code ZIP Code ZIP Code Telephone No State ZIP Code					
Refer All Nonbilling Correspondence To Name and Title Name Address Address City State ZIP Code Telephone No. Fax No. Fax No. Telephone No. () E-Mail For agents, etc., a current power of attorney must be on file with the Kentucky Department of Revenue. I declare under penalties of perjury that this return, including any accompanying schedules and statements, has been examined	City	State		ZIP Code	
Name and Title	•		Fax No.		
Name	E Mai		ng Corresponde	ence To	
Name	Name and Title				
Address State ZIP Code Telephone No Fax No Fax No	Name				
City State ZIP Code Telephone No. () Fax No. () E-Mail For agents, etc., a current power of attorney must be on file with the Kentucky Department of Revenue. I declare under penalties of perjury that this return, including any accompanying schedules and statements, has been examined	Address				
E-Mail	City	State		ZIP Code _	
For agents, etc., a current power of attorney must be on file with the Kentucky Department of Revenue. I declare under penalties of perjury that this return, including any accompanying schedules and statements, has been examined	Telephone No. ()		Fax No.	()	
I declare under penalties of perjury that this return, including any accompanying schedules and statements, has been examined	For agents, etc., a cu	rrent power of attorney must	be on file with th	ne Kentucky Departm	nent of Revenue.
by me and to the best of my knowledge is a true correct and complete return				g schedules and statem	ents, has been examined
	Signature		Title		Date

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ANNUAL REPORT OF DISTILLED SPIRITS IN BONDED WAREHOUSE

Sheet No.	of	Sheets

AS OF JANUARY 1, _____

Name and Address of I	Distillery							Distilled S	pirits in N	New Cooperage
County								Other Than Scotch Whiskey		
School District										
D.S.P. No Fire District								Natural Sp	irits	Proof
	New Coop	erage]	Reused Cooperage				Light W	hiskey
PART I	45–50	35	5–45 45–		-50 35–45			45-	-50	35–45
1. 0 to 1 yr. old										
2. 1 yr. plus to 2 yrs. old										
3. 2 yrs. plus to 3 yrs. old										
4. 3 yrs. plus to 4 yrs. old										
5. 4 yrs. plus to 5 yrs. old										
6. 5 yrs. plus to 6 yrs. old										
7. 6 yrs. plus to 7 yrs. old										
8. 7 yrs. plus to 8 yrs. old										
9. 8 yrs. and over										
TOTAL			_						1	
PART II	45-50 Gallor	1	Fair	Cash Value		35-4	45 Ga	llon	Fa	ir Cash Value
Gin										
Vodka										
Scotch Whiskey										
Other										
TOTAL										
PART III Size of Cases	Number of C	ases		d Fair Cash Per Case	~ -8	e of seman				
					Subscribe	ed and sworn	to befo	ore me this		day of
TOTAL							_, _	·		
The affiant,				,	Signature	e of Notary Pu	ıblic _			
stated that all distilled spi						,				
opening of business, Janu	ary 1,	, are	included i	n this report	My comr	nission				
in accordance with KRS					expires_					