



**MONTHLY REPORT
OF DISTILLERS, RECTIFIERS OR BOTTLERS**

*File with the Department of Revenue on or before the 20th
of the month following the month for which the report is made.*

FOR DEPARTMENT USE ONLY		
* Tax	* / Mo.	/ ____ Yr.

Name and Address of Distiller, Rectifier or Bottler _____	Revenue Account Number _____ State License Number _____ Report for Month of _____, 20 ____
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Part I—Distilled Spirits Excise Tax Report	Number of Cases							
	3 Gal.	2.4 Gal.	12 Liters	10.5 Liters	9.6 Liters	9 Liters	Other (specify)	
1. Direct sales to Kentucky retailers and consumers (per Form 73A530)								
2. Samples taken from Kentucky inventory								
3. Other								
4. Total subject to excise tax (add lines 1, 2 and 3).....								
5. Less quantities returned by retailers and consumers (complete schedule on reverse side)								
6. Balance subject to excise tax (line 4 minus line 5)								
7. Tax rate per case.....	\$ 5.76	\$ 4.61	\$ 6.09	\$ 5.33	\$ 4.87	\$ 4.57	\$	
8. Excise tax applicable (line 6 times line 7)								
9. Miscellaneous credits and charges	\$	\$	\$	\$	\$	\$	\$	
10. Total excise tax due (total of all items on line 8 plus or minus line 9).....							20	

Part II—Distilled Spirits Wholesale Sales Tax Report	
11. Gross receipts from sales of spirits to Kentucky retailers and consumers (tax included)	\$ _____
12. Taxable receipts (line 11 divided by 1.11).....	\$ _____
13. Gross tax applicable (line 12 times .11).....	\$ _____
14. Collection and reporting fee (line 13 times .01).....	\$ _____
15. Net tax due (line 13 minus line 14)	\$ _____
16. Miscellaneous credits and charges.....	\$ _____
17. Total wholesale sales tax due (line 15 plus or minus line 16)	22 \$ _____

IMPORTANT NOTICE

Make check(s) payable to **Kentucky State Treasurer.**

I, the undersigned, a principal officer of the above-named licensee, certify that I have examined this report and it is, to the best of my knowledge and belief, a true, correct and complete report.

_____ Signature	_____ Title	_____ Date
_____ E-Mail	_____ Phone Number	

