



WHOLESALE'S MONTHLY DISTILLED SPIRITS TAX REPORT

FOR DEPARTMENT USE ONLY

* / * /
Tax Mo. Yr.

Name and Address of Wholesaler

Revenue Account Number _____

State License Number _____

Report for the month of _____, 20____

Part I—Distilled Spirits Excise Tax Report	Cases Over 6% Alcohol				Other Sizes Over 6%			Distilled Spirits 6% and Under**		
	12 Liters	10.5 Liters	9.6 Liters	9 Liters	Cases	Total Liters	Total Gallons	Cases	Total Liters	Total Gallons
1. Spirits received from all sources										
2. Inventory at beginning of month										
3. Total spirits available (total of lines 1 and 2)										
4. a. Exports*										
b. Spirits returned to vendors*										
c. Spirits delivered to other KY wholesalers*										
d. Tax paid spirits returned by KY retailers										
e. Inventory at end of month										
f. Sales to federal government*										
g.										
h. Total of lines a through g										
5. Balance subject to tax (line 3 minus line 4h)										
6. Excise tax rate	\$ 6.09	\$ 5.33	\$ 4.87	\$ 4.57		\$.5072	\$ 1.92		\$.0661	\$.25
7. Tax applicable (line 5 times line 6)										

8. Total of all items on line 7 \$ _____

9. Miscellaneous credits and charges \$ _____

10. **Total excise tax due** (line 8 plus or minus line 9)..... 20 \$ _____

Part II—Distilled Spirits Wholesale Sales Tax Report

11. Gross receipts from sales of spirits reported on line 5 of Part I above (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 \$ _____

Part II—Distilled Spirits Case Sales Tax Report

18. Cases subject to tax (total of all items on line 5 of Part I above) \$ _____

19. **Total case sales tax due** (line 18 times .05)..... 19 \$ _____

IMPORTANT NOTICE

Make check(s) payable to:
Kentucky State Treasurer

Mail report and check(s) to:
**Kentucky Department of Revenue
Frankfort, Kentucky 40619**

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

**Attach report of each shipment.*

***Distilled spirits represent 6 percent or less of the total volume of the content of these containers.*

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