



## Distributor's Monthly Malt Beverage Wholesale Sales Tax and Excise Tax Report

FOR DEPARTMENT USE ONLY			
_____ / <b>23</b> / ____ / ____			
Account Number	Tax	Mo.	Yr.

File with the Department of Revenue on or before the 20th of the month following the month for which the transaction(s) occurred.

Name and Address of Principal or Agent	Revenue Account Number _____ State License Number _____ Report for Month of _____
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For assistance, you may contact the **Excise Tax Section** at (502) 564-6823 or via email at [DOR.WEBResponseExciseTax@ky.gov](mailto:DOR.WEBResponseExciseTax@ky.gov).

1. Gross receipts from sales of malt beverages (excluding container deposits and tax) .....	\$			
2. Gross receipts subject to tax from Microbrewer's Report to Distributor (Attach Form 73A630).....	\$			
3. Total gross receipts subject to tax (Add line 1 and line 2).....	\$			
4. LESS: a. Malt beverages returned by Kentucky retailers .....	\$			
b. Malt beverages sold to Kentucky distributors .....	\$			
c. Export sales .....	\$			
d. Malt beverages sold to agencies and instrumentalities of the federal government .....	\$			
e. Total of lines a, b, c, and d .....	\$			
5. Net receipts (line 3 minus line 4e) .....	\$			
6. Gross tax applicable (line 5 times .11) .....	\$			
7. Collection and reporting fee (line 6 times .01) .....	\$			
8. Net tax due (line 6 minus line 7) .....	\$			
9. Miscellaneous credits and charges .....	\$			
10. Total wholesale sales tax due (line 8 plus or minus line 9) .....	\$	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="text-align: center;">23</td></tr> <tr><td style="text-align: center;">18</td></tr> </table>	23	18
23				
18				
11. Total excise tax due ( enter from line 7 on reverse).....	\$			
12. Total amount included (line 10 plus line 11) .....	\$			

**IMPORTANT NOTICE:**  
 Make check(s) payable to **Kentucky State Treasurer**.  
 Mail report and check(s) to **Kentucky Department of Revenue, Frankfort, Kentucky 40619**

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.

Print Name	Signature	Title
Date	Phone Number	E-Mail

**SCHEDULE A**

	<b>Column 1</b> Volume (Gallons)	<b>Column 2</b> Purchases from Brewers (Exclude Kentucky Brewers)	<b>Column 3</b> Sales to Military (M) Breakage/ Destroyed (B)	<b>Column 4</b> Taxable Purchases (Col. 3 minus Col. 2)	<b>Column 5</b> Taxable Gallons (Col. 1 times Col. 4)
1 Barrel	31.00				
1/2 bbl.	15.50				
1/4 bbl.	7.75				
1/8 bbl.	3.88				
1/6 bbl.	5.17				
24-7 oz	1.31				
32-7 oz	1.75				
48-7 oz	2.63				
24-8 oz	1.50				
36-8 oz	2.25				
24-10 oz	1.88				
12-12 oz	1.13				
24-12 oz	2.25				
24-14 oz	2.63				
12-16 oz	1.50				
24-16 oz	3.00				
12-22 oz	2.06				
12-24 oz	2.25				
24-24 oz	4.50				
12-40 oz	3.75				
6-64 oz	3.00				
All other sizes (128 ozs. = 1 gal.)					

**Part I: Calculation of Domestic Brewer Credit**

1. Total gallons purchased from or produced by Kentucky brewers \_\_\_\_\_

2. Domestic brewer credit rate \_\_\_\_\_ x 0.50

3. Total Kentucky brewer credit (line 1 times line 2, enter here and on line 2 at right) \_\_\_\_\_ gallons

**Part II: Calculation of Excise Tax**

1. Total gross taxable gallons (add Column 5) \_\_\_\_\_

2. Taxable gallons from Kentucky Brewers (see line 3 in box at left) \_\_\_\_\_

3. Total taxable gallons (line 1 plus line 2) \_\_\_\_\_

4. Malt beverage tax rate \_\_\_\_\_ x 0.080645

5. **Malt beverage excise tax due** (line 3 times line 4) \$ \_\_\_\_\_

6. Adjustment \$ \_\_\_\_\_

7. **Total excise tax due** (line 5 plus or minus line 6) (enter here and on line 11 on page 1) \$ \_\_\_\_\_