



**COMMONWEALTH OF KENTUCKY
 DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL**

1003 Twilight Trail
 Frankfort, Kentucky 40601-8400
 502-564-4850 phone
 502-564-1442 fax
<http://abc.ky.gov>

File with each Distributor on or before the 10th 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 | _____ |

For assistance, you may contact the Excise Tax Section at (502) 564-6823 or via email at DORWEBResponseExciseTax@ky.gov.

1. Total gallons sold during month _____

2. Total gallons sold at wholesale _____

3. Total gallons sold at retail (line 1 minus line 2) _____

4. Contract price per gallon (per written wholesale contract) \$ _____

5. Gross receipts subject to tax (line 3 times line 4) \$ _____

6. Wholesale sales tax rate..... X 0.11 _____

7. Net wholesale sales tax due to distributor (line 5 times line 6) \$ _____

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

 Date

 Title

 E-Mail

 Phone Number