



**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>

**Microbrewer's Retail Gross Receipts Report to Distributor**

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](mailto: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 0.1075
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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
E-Mail

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number