73A527 (2-11)
Commonwealth of Kentucky
DEPARTMENT OF REVENUE

WHOLESALER'S LIST OF INDIVIDUAL SPIRITS SHIPMENTS ACQUIRED

Sheet No. _____

Name and Address of Licensee

Revenue Account Number_____

State License Number_____

Report for Month of

_____, 20 _____

INSTRUCTIONS: File with the Department of Revenue on or before the 15th of the month following the month for which the report is made. List each shipment separately and group by consignor. Include spirits returned to you and spirits purchased though delivered to a third party. Report each shipment as of the month in which it was received or in which ownership was acquired if the shipment was not received. Total must correspond with receipts as shown on the Wholesaler's Monthly Distilled Spirits Report (Revenue Form 73A526). Return to Department of Revenue, Frankfort, Kentucky 40619.

Consignor		Date Delivered	Trans-porter's License Number	Number of Cases				Other Sizes		
List vendor on next succeeding line if different from consignor, also consignee if different from reporting licensee.	Name of State*			12 Liters	10.5 Liters	9.6 Liters	9 Liters	Cases	Total Liters	Total Wine Gallons
TOTAL (Carry forward to last page)										

**Give license number if a Kentucky retailer.*