73A627 (2-11)
Commonwealth of Kentucky
DEPARTMENT OF REVENUE

BEER DISTRIBUTOR'S MONTHLY REPORT

Kentucky UNBRIDLED SPIRIT

Name and Address of Distributor

State License Number

Report for Month of

_____ 20____

INSTRUCTIONS: File report with the Department of Revenue on or before the 20th day of the month following the month covered by the report. Include all malt beverages received during the reporting month. **List each shipment separately and group by supplier.** Make separate entry for beer returned to brewer-importer. Attach continuation schedule(s) if necessary. File separate report for each distributor license held. **Report must be filed even if there are "No Transactions" during a month.** Return to Department of Revenue, Frankfort, Kentucky 40619.

Date	Name of Supplier	Address	Invoice No.	1/2 Bbl.	1/4 Bbl.	1/6 Bbl.	Cases 24-7 oz.	Cases 32-7 oz.	Cases 36-7 oz.	Cases 48-7 oz.	Cases 30-12 oz.	Cases 15-12 oz.	Cases 12-12 oz.	Cases 24-12 oz.	Cases 24–14 oz.	Cases 24-16 oz.	Cases 12-24 oz.	Cases 12-32 oz.	Cases 12–40 oz.	Others Cases	Others Cases	Others Cases
1. Net amount of beer received during month																						
2. Inventory at beginning of month																						
3. Inventory at end of month																						
4. Net sales during month (lines 1 plus 2 minus 3)																						

I, the undersigned, a principal officer of the above-named licensee, do attest that I have examined this report and it is, to the best of my knowledge and belief, a true and complete report.

Date _____

Signature_____ Title _____

Telephone Number ( ) _____