





## INSTRUCTIONS FOR DIRECT SHIPPING AND SELF DISTRIBUTION OF CANNABIS-INFUSED BEVERAGES DETAILED QUARTERLY REPORT

Return to the Department of Revenue,  
Frankfort, Kentucky 40619

Also, forward Copy to Department of Alcoholic Beverage Control  
ATTN: ABC Quarterly Report  
500 Mero Street 2NE33  
Frankfort, Kentucky 40601

Name and Account Number of Taxpayer <span style="float: right;"><b>1</b></span>	Consignee State  <b>Kentucky</b>	<b>2</b> Type Beverage <input type="checkbox"/> Direct Shipment <input type="checkbox"/> Self Distribution	<b>3</b> Report Date Quarter _____ Year _____ <hr/> Page _____ of _____
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Customer	Customer Address	City	Date	Invoice Number	Retail Price	Wholesale Price	Number of Cases				Totals	
							2.4 Gallons	12 Liters	9 Liters	Other (Specify)	Total Gallons	
<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>				<b>12</b>	<b>13</b>
<b>Totals</b>												<b>14</b>

**Common Carrier**

Name	FEIN	Address—City, State, Zip Code	Telephone Number
<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>

**Instructions for Direct Shipping and Self Distribution of Cannabis-Infused Beverages Detailed Quarterly Report**

1. Name and revenue account number (revenue account number is typically 3 digits and provided by the Department of Revenue).
2. Please indicate type of shipment (fill out separate forms per shipment type).
3. Quarter in which shipments occurred: 1st Quarter (Jan – Mar), 2nd Quarter (Apr – Jun), 3rd Quarter (Jul – Sep), 4th Quarter (Oct – Dec).
4. Include the name of the customer that is receiving shipment.
5. Address of customer.
6. Include the city in Kentucky in which the shipment is being sent.
7. Date of shipment.
8. Corresponding invoice number.
9. Price you sell this product at retail per gallon.
10. Price you sell this product at wholesale per gallon (if no wholesale price is available it is 70% of the retail price).
11. Typical case sizes (if option not available, convert everything to gallons).
12. If a specific size is used please indicate here the correct unit, but note all units must be converted to gallons and remitted on line 10.
13. Total number of gallons per row.
14. Total gallons shipped during quarter.
15. Name of Common Carrier.
16. FEIN of Common Carrier.
17. Address of Common Carrier.
18. Telephone number of Common Carrier.