



**MONTHLY REPORT
OF DISTILLERS, RECTIFIERS OR BOTTLERS**

FOR DEPARTMENT USE ONLY		
* / * /	Mo.	Yr.
Tax		

File with the Department of Revenue on or before the 20th of the month following the month for which the report is made.

Name and Address of Distiller, Rectifier or Bottler _____	Revenue Account Number _____
	State License Number _____
	Report for Month of _____, 20____

Part I—Distilled Spirits Excise Tax Report	Number of Cases							
	3 Gal.	2.4 Gal.	12 Liters	10.5 Liters	9.6 Liters	9 Liters	1 Gallon	Other (specify)
1. Gift Shop or other retail outlet sales to consumers in Kentucky (per instructions).....								
2. Samples taken from Kentucky inventory								
3. Other (per instructions).....								
4. Total subject to excise tax (add lines 1, 2 and 3)								
5. Less quantities returned by retailers and consumers (complete schedule on reverse side)								
6. Balance subject to excise tax (line 4 minus line 5).....								
7. Tax rate per case	\$ 5.76	\$ 4.61	\$ 6.09	\$ 5.33	\$ 4.87	\$ 4.57	\$ 1.92	\$
8. Excise tax applicable (line 6 multiplied by line 7).....	\$	\$	\$	\$	\$	\$	\$	\$
9. Total excise tax due (total of all items on line 8)							20	\$
10. Penalty and interest due (per instructions)								\$
11. Total amount due (add lines 9 and 10)								\$
<input type="checkbox"/> Check the box if Tax Type 20 Excise Tax was paid online. (Payment ID# _____)								

Part II—Distilled Spirits Wholesale Sales Tax Report	
12. Gross receipts from wholesale sales of spirits to consumers in Kentucky (excluding 11% wholesale sales tax).....	\$ _____
13. Total wholesale sales tax due (line 12 multiplied by .11)	22 \$ _____
14. Penalty and interest due (per instructions)	\$ _____
15. Total amount due (add lines 13 and 14)	\$ _____
<input type="checkbox"/> Check the box if Tax Type 22 Wholesale Sales Tax was paid online. (Payment ID# _____)	

Part III—Total Amount Due with Monthly Report of Distillers, Rectifiers or Bottlers	
16. Total distilled spirits excise and wholesale sales tax due (add lines 11 and 15).....	\$ _____

IMPORTANT NOTICE
Make check(s) payable to **Kentucky State Treasurer.**

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.

Signature _____	Title _____	Date _____
E-Mail _____	Phone Number _____	

