

DIRECT SHIPPER'S DETAILED QUARTERLY REPORT OF DISTILLED SPIRITS OR WINE

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



Direct Shipper's Name and Account Number	Consignee State Kentucky	Type Beverage <input type="checkbox"/> Distilled Spirits <input type="checkbox"/> Wine	Report Date Quarter _____ Year _____
			Page _____ of _____

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
Totals											

Common Carrier

Name	FEIN	Address—City, State, Zip Code	Telephone Number

**INSTRUCTIONS FOR
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OF DISTILLED SPIRITS OR WINE**

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4	5	6	7	8	9	10	11				12	13
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Common Carrier

Name	FEIN	Address—City, State, Zip Code	Telephone Number
15	16	17	18

Instructions for Direct Shipper's Detailed Quarterly Report of Distilled Spirits or Wine

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 beverage (fill out separate forms per beverage 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.