Name and Address

BREWER'S MONTHLY REPORT SCHEDULE



Telephone No. ()											of	Report for Month of, 20					This supplement form is to be used in listing sales and distribution in Kentucky. List each shipment separately and group by distributor. Return to Department of Revenue, Frankfort, Kentucky 40619.						
Invoice	Purchaser	Address	Invoice	Full	1/2	1/4	1/8	Cases		Cases	Cases	Cases	Cases	Cases	Cases	Cases	Cases	Cases	Cases	Cases	Cases	Others	
Date			No.	Bbl.	Bbl.	Bbl.	Bbl.	24-7 oz.	32-7 oz.	36-7 oz.	48-7 oz.	24-8 oz.	36-8 oz.	24-10 oz.	12–12 oz.	24–12 oz.	24–14 oz.	24–16 oz.	12–24 oz.	12–32 oz.	12–40 oz.	Cases	
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