



**MICROBREWER'S RETAIL  
 GROSS RECEIPTS  
 REPORT TO DISTRIBUTOR**

File with each Distributor on or before the 10<sup>th</sup> of the month following the month for which the transaction(s) occurred.

Name and Address of Principal or Agent	Revenue Account Number	_____
	State License Number	_____
	Report for Month of	_____

For assistance, you may contact the **Excise Tax Section** at (502) 564-6823 or via e-mail at **DORWEBResponseExciseTax@ky.gov**.

1. Total gallons sold during month..... \_\_\_\_\_
2. Total gallons sold at wholesale..... \_\_\_\_\_
3. Total gallons sold at retail (line 1 minus line 2)..... \_\_\_\_\_
4. Distributor agreed upon price per gallon (per written wholesale contract)..... \$ \_\_\_\_\_
5. Gross receipts subject to tax (line 3 times line 4)..... \$ \_\_\_\_\_
6. Wholesale sales tax rate ..... \_\_\_\_\_ X 0.1025
7. Net wholesale sales tax due to distributor (line 5 times line 6)..... \$ \_\_\_\_\_

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.

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 E-mail

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Phone Number