



## DISTRIBUTORS' MONTHLY REPORT OF SALES INSTRUCTIONS

### **WHO IS REQUIRED TO FILE THIS REPORT?**

All licensed Kansas beer, wine and spirits distributors.

### **DUE DATE:**

This monthly report is due on or before the 15<sup>th</sup> day of the calendar month following the month in which the distributor disburses alcoholic liquor. **This report must be filed even if you have no sales to report.**

### **INSTRUCTIONS TO COMPLETE THE DISTRIBUTORS' MONTHLY REPORT OF SALES:**

1. Complete the month, year and your FEIN.
2. Complete distributor name, demographic and contact information.
3. Complete information listed for each invoice.

If you have no sales to report, check the box "I do not have any sales to report this month".

### **EXPLANATION OF COLUMN HEADINGS:**

1. **No.** Line number on form.
2. **Product Type.** Enter the corresponding product type from the list below:  
AS = Alcohol and Spirits  
FW = Fortified Wine (14.1% ABV or more)  
LW = Light Wine (14% ABV or less)  
SB = Strong Beer (4.1% ABV or more)  
SF = Flavored Malt Beverage – Strong (more than 4% ABV)  
SW = Flavored Malt Beverage – Weak (4% ABV or less)  
WB = Cereal Malt Beverage (3.2% ABW or less)
3. **Code.** Enter the corresponding code. See Explanation of Codes below.
4. **Buyer's License/Permit Number.** Enter the Kansas license number for the Kansas farm winery, microbrewery or manufacturer or corresponding universal license number.
5. **Invoice Number.** Enter the unique number that identifies the invoice.
6. **Invoice Date.** Enter the date of the invoice.
7. **GTIN/SCC.** Global Trading Identification Number. This is an optional field.
8. **UNIMERC.** Enter the number assigned by DISCUS or the brewery code.
9. **Selling Units.** Enter number of items in the container.
10. **Product Unit Size.** Enter the size of the individual container, i.e. 750.
11. **Unit of Measure.** Enter the size of the container measurement, i.e. ml.
12. **Shipment Quantity.** Enter the quantity of selling units sold.
13. **Shipment Unit of Measure.** Enter the unit or basis of measurement shipped. Use only the following codes: BR (barrel); CA (case); EA (each); and, PK (pack).
14. **Unit Price.** Enter the price of the individual selling units.

### **EXPLANATION OF CODES:**

Use one of the following codes for entries in the **Code** column:

- 01 = **Product Sold.** Enter product information that is removed from the warehouse and sold to Kansas licensees.
- 02 = **Out-of-State Transfers.** Enter the products returned to the supplier or non-taxable sales of spirits to Military.
- 03 = **Other Non-Taxable Distributions.** This includes breakage, spoilage and shrinkage.
- 04 = **Intrastate Transfers.** Products sold to a licensed Kansas Distributor.
- 05 = **Samples.** Inventory withdrawn from the warehouse for samples.

### **FILING AND PAYMENT OF GALLONAGE TAX:**

After completing all required information, file the Distributors' Monthly Report of Purchases with the Kansas Department of Revenue. There are two methods to file this report: Electronically using EDI; or, filing a paper report. If you elect to file a paper report, only this form (ABC-217 and ABC-218 Rev. 02/18) will be accepted as all other versions (ABC-217 and ABC-218) are obsolete. If obsolete forms are filed, they will be rejected and returned to you.



**DISTRIBUTORS' MONTHLY REPORT OF SALES  
 INSTRUCTIONS CONTINUED**

**UNIVERSAL LICENSE NUMBERS:**

When applicable, use one of the following universal license numbers in the **Buyer's License/Permit Number** column:

Breakage = 99-000-0000-01

Military Non-Taxable Sales of Spirits Only = 99-000-0000-02

Military Taxable Sales = 99-000-0000-03

Spoilage = 99-000-0000-04

Cereal Malt Beverage Licensees = 99-XXX-0000-05. Replace the XXX with the three-digit county code.

Samples = Enter your FEIN

Shrinkage = 99-000-0000-06

**USE OF LICENSE NUMBERS AND CODES:**

Code 1: Product Sold. Use the Kansas Licensee number, the universal Cereal Malt Beverage Number (99-XXX-0000-05) or the Military Taxable Sales Number (99-000-0000-03).

Code 2: Out-of-State Transfers. Enter the Kansas Supplier Permit, manufacturer license number or the universal license number for Military Non-Taxable Sales (99-000-0000-02).

Code 3: Other Non-Taxable Distributions. Enter the universal license number for Breakage (99-000-0000-01), Spoilage (99-000-0000-04) or Shrinkage (99-000-0000-06).

Code 4: Intrastate Transfers. Enter the FEIN of the distributor to whom you are selling products.

Code 5: Samples. Enter your FEIN.

**FILING OF DISTRIBUTORS' MONTHLY REPORT OF SALES:**

After completing all required information, file the Distributors' Monthly Report of Sales with the Kansas Department of Revenue. There are two methods to file this report: Electronically using EDI or filing a paper report. If you elect to file a paper report, only this form (ABC-219 and ABC-220 Rev. 02/18) will be accepted as all other versions (ABC-219 and ABC-220) are obsolete. If obsolete forms are filed, they will be rejected and returned to you.

**CONTACT INFORMATION:**

Questions may be directed to the ABC Marketing Unit.

- Phone: 785-296-7015
- Email: [KDOR\\_ABC.Marketing.Unit@ks.gov](mailto:KDOR_ABC.Marketing.Unit@ks.gov)

STATE OF KANSAS



ALCOHOLIC BEVERAGE CONTROL  
 109 SW 9<sup>th</sup> STREET  
 P.O. Box 3506  
 TOPEKA KS 66601-3506

DEPARTMENT OF REVENUE  
 PHONE: 785-296-7015  
 FAX: 785-296-7185  
 www.ksrevenue.org/abc.html

MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_ FEIN: \_\_\_\_\_

**DISTRIBUTORS' MONTHLY REPORT OF SALES**

DISTRIBUTOR NAME: _____		PHONE: _____
ADDRESS: _____	CITY: _____	KS ZIP CODE: _____
CONTACT PERSON: _____		EMAIL ADDRESS: _____

I do not have any sales to report this month.

No.	Product Type	Code	Buyer's License / Permit Number	Invoice Number	Invoice Date	GTIN/SCC (Optional)	UNIMERC	Selling Units	Product Unit Size	Unit of Measure	Shipment Quantity	Shipment Unit of Measure	Unit Price
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													

I declare under penalties of perjury that to the best of my knowledge and belief this is a true, correct and complete return.

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_  
State whether individual owner, member of firm or title if officer of corporation.