

Customer Relations
 Kansas Department of Revenue
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SCHEDULE D-1

REQUEST FOR REFUND FOR STAMPED UNSALEABLE CIGARETTES

See Instruction on Back of Form

SECTION I

Kansas Stamped Cigarettes

| KDOR Count of Packs | Distributor Count of Packs | Tax Rate | Gross Tax Amount | Less .80% Wholesaler Discount | Net Tax Paid |
|---------------------|----------------------------|-----------------|------------------|-------------------------------|--------------|
| | | \$0.79 (20s) | | | |
| | | \$0.99 (25s) | | | |

Grand total of tax paid _____

Less: .80% (Processing Fee) _____

Net refund _____

SECTION II

State of _____ stamped cigarettes*

| KDOR Count of Packs | Distributor Count of Packs | 20s, 25s, etc. | State, County or City Stamp |
|---------------------|----------------------------|----------------|-----------------------------|
| | | | |
| | | | |
| | | | |

***One sheet per state**

SECTION III

| |
|--------------------------|
| Reason for claim: |
| |
| |
| |

SECTION IV

The undersigned states that these stamped unsaleable cigarettes were destroyed and that all packages of cigarettes had the above mentioned state's indicia affixed.

 Name of Distributor

 Distributor License Number

 Date of Destruction

 Name of Distributor's Designee (print)

 Signature of Designee

 Phone of Designee

 Name and Title of Kansas Agent (print)

 Signature of Kansas Agent

 Phone of Agent

INSTRUCTIONS FOR SCHEDULE D-1

General Information

Kansas distributors who have stamped cigarettes that need to be destroyed use this form.

Prior to calling the assigned agent, the following must be completed:

1. Complete the Schedule D-1. Keep the schedule at your establishment and submit it to the agent at the time of the appointment.
2. Arrange the cigarettes so that the tax stamp is showing.
3. The cigarettes must be arranged in a way to resemble a carton (2 x 5) for easy viewing
4. The cigarettes should be arranged so that all states, counties , cities and denominations are grouped together.
5. Your company will provide a shredder at the location.

The Kansas Department of Revenue will witness the destruction of stamped cigarettes once per quarter per distributor. Each distributor must contact their assigned agent prior to the 10th day of April, July, October and January. Enforcement agents will witness the destruction by the 30th day of the specified months.

Instructions for Schedule D-1

1. Each distributor will count the number of Kansas stamped cigarettes and enter the amount in the column marked Distributor Count of Packs in Section I.
2. If the distributor has stamped cigarettes from a state other than Kansas, they will write the state name above Section II then count the number of stamped cigarettes and enter the amount in the column marked Distributor Count of Packs. **NOTE:** Use only one Schedule D-1 per state.
3. The distributor will then enter the denomination of the stamps in the column marked 20s, 25s, etc.
4. Next is the state, county or city in the box marked State, County or City Stamp. Please enter the county or city name in the box (if applicable).
5. Enter a reason for the claim (ex.: damaged cigarettes) in Section III.
6. Write the name and license number of the Distributor in Section IV.
7. Write the name and phone number of the distributor's designee.
8. The designee must sign the form.

When the enforcement agent verifies the amounts and witnesses the destruction of the cigarettes, the date of destruction will be entered. The agent will then sign the refund request. The agent will take the **original** schedule and leave a copy with you if the cigarettes were stamped with a Kansas stamp. The Schedule D-1 will then be submitted to the Licensing segment for processing. However, if the cigarettes were stamped with another state's stamp, you will retain the original and the agent will take a copy and submit it to the Licensing segment. It will be your responsibility to send the original form to the corresponding state.