

KANSAS DEPARTMENT OF REVENUE  
**CUSTOMER RELATIONS – MISCELLANEOUS SEGMENT**  
915 SW HARRISON ST.  
TOPEKA, KANSAS 66625-5000  
www.ksrevenue.org  
Phone: (785) 368-8222 Fax: (785) 291-3968

**MANUFACTURER'S SAMPLE PRODUCT**  
**CIGARETTE TAX RETURN**

\_\_\_\_\_, a manufacturer, has given \_\_\_\_\_ free samples  
(Name of Business) (Number of Packs)  
away in the state of Kansas for the month and year of \_\_\_\_\_.  
(Month, Year)

_____	Number of Packs
X _____ \$ 0.79	Tax Rate
\$ _____	Amount of Tax Due

\_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Title) (Phone Number)

Submit this form to: Cigarette Tax  
Kansas Department of Revenue  
915 SW Harrison St  
Topeka, KS 66625-5000