KANSAS DEPARTMENT OF REVENUE

ROLL-YOUR-OWN-TOBACCO PRODUCTS

SCHEDULE 3

Filing Month/Y	ear:		License #:	License #:		
Name of Distributor:			Phone #:	Phone #:		
Address, City,	State, Zip:					
*Name of Dis	tributor / Man	ufacturer:				
Invoice Date	Invoice Number	Original Manufacturer If Purchases From Another Distributor	Brand Name	Quantity (Ounces)	Manufacturer's Net Invoice Price	
			PAGE TOTAL			
			GRAND TOTAL			
I declare unde	r penalty of pe	erjury under the laws of the state	of Kansas that the forego	ing is true and	correct.	
Name (print)				tle (print)		
ramo (piint)						
Signature			E	xecuted on	Month/Day/Year	
		*Attach <u>one</u> invoice from <u>eac</u>	<u>h</u> Non-Participating Ma	nufacturer.		

TB-42C Rev. 8-19

Page _____ of ____ (Use additional schedules if necessary)

ROLL-YOUR-OWN-TOBACCO PRODUCTS INSTRUCTIONS

In-State Distributor: This form lists who you purchased your roll-your-own tobacco products from. DO NOT INCLUDE SMOKELESS OR PIPE TOBACCO ON THIS FORM. If you purchase from another distributor, you must provide the **original manufacturer's name**. You must provide the brand family name and a copy of one invoice for each NPM.

Out-of-State Distributor: This form lists who you purchased your roll-your-own tobacco products from. If you purchase from another distributor, you must provide the **original manufacturer's name**. You must provide the brand family name and a copy of one invoice for each NPM.

Sign and submit this report and all Schedules and/or supporting documentation to the Kansas Department of Revenue by the 20th day of the month following the reporting month to: Cigarette Tobacco, Customer Relations, PO Box 750680, Topeka, KS 66625-0680

If you have any questions or need additional assistance, please contact our office at 785-368-8222, choose option 5 followed by option 4 from 8 a.m. to 4:45 p.m., Monday through Friday, and email us at: kdor_cigtob@ks.gov, or if needing forms visit our website at: http://www.ksrevenue.gov/bustaxtypescig.html

IN-STATE TOBACCO DISTRIBUTOR UPLOAD FILE SPECIFICATIONS FOR TB-43

All files must be **tab delimited** in order to work properly. Excel can output tab delimited txt files. The first line of these files must contain the field header.

Schedule 3

- 1. Invoice Date: Date format (e.g. 04/24/2010)
- 2. Invoice Number: 30 characters max
- 3. Manufacturer Name: 120 characters max (manufacturer name must be entered exactly how it is listed on the Attorney General's website: http://ag.ks.gov/tobacco)
- 4. Brand Name: 120 characters max (brand name must be entered exactly how it is listed on the Attorney General's website)
- 5. Purchased From Type: 1 character (D = Distributor, M = Manufacturer)
- 6. Purchased From: 120 characters max
- 7. Quantity: Integer or decimal (1 or 2 places)
- 8. Net Invoice Price: Money/decimal (no \$ sign)

To receive the deduction for returns to manufacturer, you must upload the credit memos from the manufacturer.