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KANSAS DEPARTMENT OF REVENUE

OUT-OF-STATE TOBACCO PRODUCTS DISTRIBUTORS SELLING INTO KANSAS

Schedule 5

Filing Month/Year:_____

License #:_____

Name:_____

Phone #:_____

Address, City, State, Zip:					
Invoice Date	Invoice Number	Consignee	Address	Manufacturer's Net Invoice Price	
1. Total manufacturer's net invoice price					
2. Total returns to manufacturers (Schedule 4)					

3. Total taxable tobacco (Subtract line 2 from line 1)	
4. Tax liability (Multiply line 3 x 10%)	
5. Less: Distributor's compensation (Multiply line 4 x 4%)	
6. Less: Credit forward from previous month	
7. Subtotal (Subtract lines 5 and 6 from line 4)	
8. Penalty	
9. Interest	
10. Total Amount Due	

Sign and submit this report, all Schedules, and/or supporting documentation and payment 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 need any additional copies of the form you can find them at: http://ksrevenue.gov/bustaxtypescig.html or have any questions, please contact Cigarette Tobacco at 785-368-8222 or email kdor_cigtob@ks.gov

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Name (print)

Signature

Title (print) Executed on ______ Month/Day/Year