

DAMAGED PACKS OF CIGARETTES OR SHORTAGE OF SHIPMENT BY CARRIER INSTRUCTIONS

Complete this form if any of the cigarettes you received were damaged or if your order was short cigarettes. Carriers must provide information if the shipment is short. See K.S.A.79-3312a must provide the *original manufacturer's name*. You must provide the brand families purchased and one invoice for each NPM.

Submit this report and all Schedules and/or supporting documentation to the Kansas Department of Revenue by the 10th day of the month following the reporting month to: Cigarette Tobacco, 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.org/bustaxtypescig.html>.

CIGARETTE WHOLESALER UPLOAD FILE SPECIFICATIONS

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.

CG-19 SCHEDULE A-1

1. Stamped Indicator: 1 character (0 = false, 1 = true)
2. Pack Type: 2 character (20 or 25)
3. Net Packs Received: Integer value
4. Invoice Date: Date format (e.g. 04/24/2010)
5. Invoice Number: 30 characters max
6. Refused: Integer value
7. Shortage: Integer value
8. Received From Type: 1 character (W = Wholesaler, M = Manufacturer)
9. Received From Name: 75 characters max
10. Original Manufacturer Name: 75 characters max (manufacturer name must match exactly how it is listed on the Attorney General's website: <http://ag.ks.gov/licensing/tobacco-enforcement>)
11. Carrier Name: 75 characters max
12. Carrier Street 1: 100 characters max
13. Carrier Street 2: 100 characters max
14. Carrier City: 40 characters max
15. Carrier State: 2 character state code
16. Carrier Zip: 10 characters max, no dash, just numbers