KANSAS DEPARTMENT OF REVENUE

REQUEST FOR REFUND FOR STAMPED UNSALEABLE CIGARETTES RETURNED TO MANUFACTURER

SCHEDULE D

(Signature of Wholesaler)

Name of Wholesaler:				Wholesaler License #:		
Γheι	undersigned states that the	ese stamped uns	saleable cigarettes were ı	returned by(Nam	e of Wholesaler)	
			to the	e Manufacturer, and that al	I packages of cigarettes	
	(Address o	of Wholesaler)		,		
nad k	Kansas indicia affixed.					
	Number of Packs	Tax Rate	Gross Tax Amount	Less .55% Wholesaler Discount	Net Tax Paid	
1						
2						
3						
4						
5						
6						
7						
8						
9						
0						
1	Grand total of tax paid (add lines 1 through 10)					
2		Less: .55% Processing Fee (line 11 x .0055)				
3		Net refund (line 11 minus line 12)				
				states, as supporte	d by their affidavit dated	
		(Manufacturer)				
			, that these cigarettes will	I not be reshipped into Kan	sas and that the indicia	
affixe	ed thereto has been destro	yed.				

In-State: Complete this form if you return Kansas stamped cigarettes to the manufacturer. You may use one CG-47 for more than one affidavit however, each manufacturer should be on a separate CG-47. You must submit an affidavit from each manufacturer stating the number of cigarettes that were returned and destroyed. Line 12 of the CG-47 is per K.S.A. 79-3312.

Out-of-State: Complete this form if you return *Kansas stamped* cigarettes to the manufacturer. Each manufacturer should be on a separate CG-47. You must submit an affidavit from each manufacturer stating the number of cigarettes that were returned and destroyed. You may use one CG-47 for more than one affidavit. Line 12 of the CG-47 is per K.S.A. 79-3312.

Submit reports to the Kansas Department of Revenue by the 25th 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.gov/bustaxtypescig.html.