

KANSAS DEPARTMENT OF REVENUE

ROLL-YOUR-OWN-TOBACCO PRODUCTS

SCHEDULE 3

Filing Month/Year: _____ License #: _____

Name of Distributor: _____ Phone #: _____

Address, City, State, Zip: _____

*Name of Distributor / Manufacturer: _____

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

Name (print)

Title (print)

Signature

Executed on _____
Month/Day/Year

***Attach one invoice from each Non-Participating Manufacturer.**

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, 915 SW Harrison St., Topeka, KS 66612-1588

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>

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.