

KANSAS DEPARTMENT OF REVENUE

IN-STATE DISTRIBUTOR'S TOBACCO PRODUCTS MONTHLY REPORT

SCHEDULE 1

Filing Month/Year: _____ License #: _____

Name of Distributor: _____ Phone #: _____

Address, City, State, Zip: _____

1. Tobacco products received during month
- 1a. All other (Schedule 2)..... \$ _____
- 1b. Roll-Your-Own (Schedule 3)..... \$ _____
- 1c. Total Tobacco products received during month (Add lines 1a and 1b) \$ _____

Exemptions:

2. Sold to out-of-state customers (Schedule 4)..... \$ _____
3. Returned to manufacturer (Schedule 4)..... \$ _____
4. Sold to U.S. Government or Reservations (Schedule 4)..... \$ _____
5. Total exemptions (Add lines 2, 3 & 4)..... \$ _____
6. Total taxable tobacco (Subtract line 5 from line 1c)..... \$ _____
7. Tax liability (Multiply line 6 by 10%)..... \$ _____
8. Less: Distributor's compensations (Multiply line 7 by 4%)..... \$ _____
9. Less: Credit forward from previous months..... \$ _____
10. Subtotal (Subtract lines 8 and 9 from line 7)..... \$ _____
11. Penalty (See website for current rates)..... \$ _____
12. Interest (See website for current rates)..... \$ _____
13. **TOTAL DUE (Add lines 10, 11, and 12)**..... \$ _____

In-State: Individual line instructions are provided on the form.

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 758573, Topeka, KS 66675-8573

If you need any additional copies of the form you can find them at: <http://ksrevenue.org/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)_____
Title (print)_____
Signature_____
Date

In-State Tobacco Distributor 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.

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Schedule 2

1. Invoice Date: Date format (e.g. 04/24/2010)
2. Invoice Number: 30 characters max
3. Manufacturer Name: 120 characters max
4. Purchased From Type: 1 character (D = Distributor, M = Manufacturer)
5. Purchased From: 120 characters max
6. Net Invoice Price: Money/decimal (no \$ sign)

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)
4. Brand Name: 120 characters max (brand name must be entered exactly how it is listed on the Attorney General's website: <http://ag.ks.gov/licensing/tobacco-enforcement>)
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)

Schedule 4

1. Sold to Code: 1 character (S = State, G = Government, R = Returned to Manufacturer, F = Foreign)
2. Sold to State: 2 character state code
3. Invoice Date: Date format (e.g. 04/24/2010)
4. Invoice Number: 30 characters max
5. Manufacturer/Consignee Name: 75 characters max
6. Manufacturer/Consignee Street 1: 100 characters max
7. Manufacturer/Consignee Street 2: 100 characters max
8. Manufacturer/Consignee City: 40 characters max
9. Manufacturer/Consignee State: 2 character state code for US states, 40 characters max for Foreign states
10. Manufacturer/Consignee ZIP: 10 characters max, no dash, just numbers
11. Manufacturer/Consignee Country: 2 character country code
12. Net Invoice Price: Money/decimal (no \$ sign)

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