

KANSAS DEPARTMENT OF REVENUE

**UNSTAMPED AND STAMPED CIGARETTE PACKS RECEIVED AND SOLD**

UNSTAMPED CIGARETTE PACKS RECEIVED PER MANUFACTURER

KANSAS STAMPED CIGARETTES PACKS SOLD (OUT OF STATE DISTRIBUTORS)

20s

25s

**SCHEDULE A**

**Please read the instructions on the back of this form.**

Company Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Received from: \_\_\_\_\_

DM \*

Filing Month / Year: \_\_\_\_\_

In-State Distributors ONLY		Gross amount of Packs	Refused or Shortage **	Net Amount of Packs Received	If Purchased from Another Distributor Name of Original Manufacturer
Invoice Date	Invoice Number				
<b>TOTAL THIS PAGE</b>					
<b>TOTAL OTHER PAGES</b>					
<b>TOTAL</b>					

\* Circle one.

\*\*If an amount is entered in the Refused or Shortage Column, Schedule A-1 must be completed and attached.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

# UNSTAMPED CIGARETTE PACKS RECEIVED PER MANUFACTURER AND KANSAS STAMPS AFFIXED TO PACKS (OUT-OF-STATE DISTRIBUTORS)

## MANUFACTURERS

Complete this form for each manufacturer or out-of-state distributor you purchase unstamped cigarettes from. If you purchase from an out-of-state distributor, you must supply the *original manufacturer's name*. If the original manufacturer is a NPM, you must provide the brand families you purchased. You must provide one copy of an invoice if you purchase from a NPM or an out-of-state distributor.

1. Check the box next to Unstamped Packs Received per Manufacturer.
2. Check the appropriate box for 20s or 25s. Use a separate sheet for each.
3. Enter your company's name and license number.
4. Enter the name of the manufacturer or distributor you received the cigarettes from. If the original manufacturer is a NPM, you must complete a Schedule MSA. Please see [www.ag.ks.gov/tobacco](http://www.ag.ks.gov/tobacco) for the PM and NPM lists.
5. Circle **D** if the company you purchased from is a Distributor or **M** if the company you purchased from is a Manufacturer.
6. Enter the Filing month and year.
7. Enter the date of the invoice from the manufacturer or distributor.
8. Enter the invoice number from the manufacturer or distributor.
9. Enter the gross amount of cigarette packs you received under the invoice.
10. Enter the number of packs that you refused or were shorted under the invoice. You must attach a Schedule A-1.
11. Enter the net amount of cigarette packs you received under the invoice.
12. Enter each invoice you receive from the named manufacturer or distributor for the reporting month as above. Use another sheet if needed.
13. Enter the name of the original manufacturer if you purchased the cigarettes from another distributor.
14. Enter the page number if you use more than one page per manufacturer or distributor.
15. Sign the form attesting that the figures on this form are true and correct.
16. Enter your title with your company.
17. Enter your phone number.

## OUT-OF-STATE DISTRIBUTORS

Complete this form for the Kansas cigarette tax stamps that are affixed to packs during the reporting month. If you purchase from another distributor, you must supply the *original manufacturer's name* and brand families purchased *if they are a NPM*. This form reports who you purchased from.

1. Check the box next to Kansas Stamped Cigarettes Sold.
2. Check the appropriate box for 20s or 25s. Use a separate sheet for each.
3. Enter your company's name and license number.
4. Enter the name of the manufacturer or distributor you received the cigarettes from. If the original manufacturer is a NPM, you must complete a Schedule MSA. Please see [www.ag.ks.gov/tobacco](http://www.ag.ks.gov/tobacco) for the PM and NPM lists.
5. Circle **D** if the company you purchased from is a Distributor or **M** if the company you purchased from is a Manufacturer.
6. Enter the Filing month and year.
7. Enter the number of cigarette packs that you stamped for Kansas from the manufacturer or distributor named above in the Net Amount of Packs Received column.
8. Enter the page number if you use more than one page per manufacturer or distributor.
9. Sign the form attesting that the figures on this form are true and correct.
10. Enter your title with your company.
11. Enter your phone number.

Submit this report and all Schedules and/or supporting documentation to the Kansas Department of Revenue by the 10<sup>th</sup> 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](mailto:kdor_cigtob@ks.gov), or if needing forms visit our website at: <http://www.ksrevenue.gov/bustaxtypescig.html>.

### CIGARETTES IMPORTED INTO THE UNITED STATES

Per K.S.A. 79-3395, you must file the following information if you import cigarettes into the United States.

1. A copy of the permit issued pursuant to the internal revenue code, 26 U.S.C. 5713, to the person importing such cigarettes into the United States allowing such person to import such cigarettes.
2. A copy of the customs form containing, with respect to such cigarettes, the internal revenue tax information required by the U.S. bureau of alcohol, tobacco and firearms.
3. A statement signed by such person under penalty of perjury, which shall be treated as confidential, identifying the brands and brand styles and the quantity of each, who supplied the cigarettes and the person or persons, if any, to whom such cigarettes have been conveyed for resale.
4. A statement, signed by an officer of the manufacturer or importer under penalty of perjury, certifying that the manufacturer or importer has complied with (1) the package health warning and ingredient reporting requirements of the federal cigarette labeling and advertising act, 15 U.S.C 1333 and 1335a, with respect to such cigarettes; and (2) the provisions of K.S.A. 50-6a01 et seq., and amendments thereto, including a statement indicating whether the manufacturer is, or is not, a participating tobacco product manufacturer within the meaning of K.S.A. 50-6a01 et seq., and amendments thereto.

## 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-15 SCHEDULE A**

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