

CONSUMABLE MATERIAL TAX MONTHLY REPORT

FOR OFFICE USE ONLY

Registration Number: CM _____

Reporting Period: _____
Month and Year

DUE BY THE 20TH OF THE FOLLOWING MONTH

Original Report Amended Report

Business Name: _____

Mailing Address, City, State, Zip: _____

1. (a) Number of milliliters of consumable material purchased during the month _____

(b) Number of milliliters of consumable material manufactured during the month _____

Total milliliters of consumable material (Line 1(a) plus Line 1(b)) _____

2. (a) Number of milliliters of consumable material sold outside of Kansas _____

(b) Number of milliliters of consumable material on which consumable material tax had been paid _____

Total milliliters not subject to consumable material tax (Line 2(a) plus Line 2(b)) _____

3. Number of milliliters of consumable material sold in taxable transactions during the month (Line 1 total minus Line 2 total) _____

4. Consumable material tax due (Multiply Line 3 by \$0.05)..... \$ _____

5. Credit memo..... \$ _____

6. Subtotal (Line 4 minus Line 5)..... \$ _____

7. Penalty (Current penalty rates are on our website: ksrevenue.org)..... \$ _____

8. Interest (Current interest rates are on our website: ksrevenue.org)..... \$ _____

9. Total due (Line 6 plus Line 7 plus Line 8)..... \$ _____

I certify that this is a true, correct and complete report.

Printed Name of Member, Owner, Partner, or Corporate Officer

Title of Officer

Signature of Member, Owner, Partner, or Corporate Officer

Phone Number of Officer

Today's Date

Submit the monthly report (EC-2) and payment to Cigarette Tobacco, Customer Relations, PO Box 750680, Topeka, KS 66625-0680 by the 20th day of the month following the reporting period month. Make your check payable to KDOR.

If you have questions, please contact Cigarette Tobacco at 785-368-8222, option 5, then option 4; or email: kdor_cigtob@ks.gov. If needing additional forms please visit our website at: <http://www.ksrevenue.gov/bustaxtypescig.html>