

KANSAS DEPARTMENT OF REVENUE  
**MANUFACTURER'S SAMPLE PRODUCT**  
**TOBACCO TAX RETURN**

\_\_\_\_\_, a manufacturer, has given \$\_\_\_\_\_ of free  
 (Name of Business) (Net Wholesale Price)

samples away in the state of Kansas for the month and year of \_\_\_\_\_.  
 (Month, Year)

_____	Net Wholesale Price
X _____ 10%	Tax Rate
\$ _____	Amount of Tax Due

Sign and submit this report and all Schedules and/or supporting documentation to the Kansas Department of Revenue by the 20<sup>th</sup> day of the month following the reporting month to: Cigarette Tobacco, Customer Relations, PO Box 750680, Topeka, KS 66625-0680

If you need any additional copies of the form you can find them at: <http://ksrevenue.gov/bustaxtypescig.html> or have any questions, please contact Cigarette Tobacco at 785-368-8222 or email [kdor\\_cigtob@ks.gov](mailto: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.

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Title)

\_\_\_\_\_  
 (Phone Number)