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 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**

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

TB-43 Sch 1 (Rev. 8-19)

In-State Tobacco Distributor Upload File Specifications

All fi les 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.