KANSAS DEPARTMENT OF REVENUE

DISTRIBUTOR OR DEALER OF CIGARETTE VENDING MACHINES

To the Director of Taxation: Below, and on additional sheets if necessary, is a list of each sale of cigarette vending machines sold during the month of _____, 20_____, to cigarette vending machine operators doing business in the State.

Name of Distributor: _____ Distributor License #: _____

Address: _____ Signature: _____

Date of Sale	Name of Purchaser - Address	Brand Name of Machine	Serial Number	Sale Price $

Submit this report to the Kansas Department of Revenue at: Cigarette Tobacco, Customer Relations, 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**, or if needing forms visit our website at: **http://www.ksrevenue.org/bustaxtypescig.html**.