

KANSAS DEPARTMENT OF REVENUE

CIGARETTE TAX RATE CHANGE INVENTORY REPORT

AS OF 12:01 A.M. ON JULY 1, 2017

Due on or before July 31, 2017

DBA Name _____ License #: _____

Name _____

Mailing Address, City, State, Zip _____

Location Address, City, State, Zip _____

Packs or Stamps for 20 Cigarettes per Pack

- | | | | |
|-----|--|----|----------|
| 1.* | Number of unaffixed Kansas tax stamps | 1. | _____ |
| 2. | Number of Kansas-stamped 20/pack cigarettes | 2. | _____ |
| 3. | Total of Kansas units (Add lines 1 and 2) | 3. | _____ |
| 4. | Total tax for 20-cigarette stamps/packs (line 3 x \$0.50) | 4. | \$ _____ |

Packs or Stamps for 25 Cigarettes per Pack

- | | | | |
|-----|--|----|----------|
| 5.* | Number of unaffixed Kansas tax stamps | 5. | _____ |
| 6. | Number of Kansas-stamped 25/pack cigarettes | 6. | _____ |
| 7. | Total of Kansas units (Add lines 5 and 6) | 7. | _____ |
| 8. | Total tax for 25-cigarette stamps/packs (line 7 x \$0.62) | 8. | \$ _____ |
| 9. | Total Tax Due (Add lines 4 and 8) | 9. | \$ _____ |

*Retailers and Vending Machine Operators **do not** complete lines 1 and 5.

Wholesalers complete all lines. If you do not enter an amount on a line, please explain below.

Signature_____
Date_____
Title_____
Phone Number

Submit a separate Form CG-117 for each license location to the address below by July 31, 2017. There are no rates changes for 2017.

Submit this report and total payment due to the Kansas Department of Revenue at: Cigarette Tobacco, Customer Relations, PO Box 750680, Topeka, KS 66625-0680. Make your check out to KDOR. Use the CG3 voucher to submit with your payment no later than October 31, 2017.

If you need any additional copies of this or any other form, you can find them at: <http://ksrevenue.org/bustaxtypescig.html> or have any questions, please contact Cigarette Tobacco at 785-368-8222 or email kdor_cigtob@ks.gov