

KANSAS DEPARTMENT OF REVENUE

**SALES OF NON-PARTICIPATING MANUFACTURER (NPM) CIGARETTES IN KANSAS**

Check one:  Original Report       Amended Report

SCHEDULE MSA-CIG-1

Filing Month/Year: \_\_\_\_\_

License #: \_\_\_\_\_

Distributor Name: \_\_\_\_\_

Address, City State, Zip: \_\_\_\_\_

A NPM Cigarette Brand Family Name	B Number of Packs Stamped and Sold in Kansas		C	D Non-Participating Manufacturer Full Name & Address	E From Whom Brand was Purchased (If Different from Manufacturer) Full Name & Address	F First Importer of Foreign Manufactured Brands Full Name & Address
	20s	25s				

I certify that my business did not stamp and sell NPM cigarettes in Kansas during the filing month (Check if applicable).

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

\_\_\_\_\_  
Name of Distributor (print)

\_\_\_\_\_  
Title of Distributor (print)

\_\_\_\_\_  
Signature of Distributor

Executed on \_\_\_\_\_  
Month/Day/Year

## INSTRUCTIONS FOR SCHEDULE MSA-CIG-1

As part of the Master Settlement Agreement between certain cigarette manufacturers and the State of Kansas, the Department of Revenue is required to compile information about cigarettes and roll-your-own (RYO) tobacco sold in Kansas that is manufactured or imported by manufacturers who do not participate in the Master Settlement Agreement (Non-Participating Manufacturers). The Department of Revenue will provide this information to the Kansas Attorney General for use in enforcing the law.

Complete this schedule and submit it on or before the 10th day of each month, along with your monthly excise tax report, if you are a licensed cigarette wholesale dealer.

Complete this schedule as required in full, even if you had no activity during the filing period. If you had no activity, please check the designated box on the schedule.

### Preparation of Schedule:

- Check the box indicating whether this is an “Original Report” or an “Amended Report.”
- Enter the month and year covered by this report.
- Enter your Kansas wholesale dealer license number.
- Enter your full name and address (including street, city, state, and zip code).

**Column A:** Enter the full brand family name of the NPM cigarette product sold. Do not abbreviate. Do not break down into sub-categories, such as regular, menthol, light, etc. Visit [www.ag.ks.gov/tobacco](http://www.ag.ks.gov/tobacco) for a current list of manufacturers and brands certified for sale in Kansas.

**Column B:** Enter the number of 20-cigarette packs sold in Kansas during the reporting month. List only cigarette packs to which you affixed the Kansas excise tax stamp. Do not list cigarette packs that were purchased with the Kansas excise tax stamp already affixed.

**Column C:** Enter the number of 25-cigarette packs sold in Kansas during the reporting month. List only cigarette packs to which you affixed the Kansas excise tax stamp. Do not list cigarette packs that were purchased with the Kansas excise tax stamp already affixed.

**Column D:** Enter the full name and address (including street, city, state and zip code) of the NPM who manufactured the cigarette brand sold.

**Column E:** Enter the full name and address (including street, city, state, and zip code) of the supplier from whom you originally purchased the cigarette brand sold if different from the NPM identified in Column D.

**Column F:** Enter the full name and address (including street, city, state and zip code) of the first importer of any cigarette brand manufactured outside of the United States.

### Completion of Schedule:

- Print your name and title.
- Sign and date the schedule declaring that the information listed is true and correct.
- Enter the page number and total number of pages included in the completion of this schedule.
- Use supplemental schedules if necessary. You may photocopy this schedule if you require additional space.
- Retain a copy of this schedule for your files.
- Include this completed schedule with your monthly excise tax report and mail to the address below

This schedule is for reporting purposes only. It is not used for the calculation of tax.

Submit this report to the Kansas Department of Revenue by the 10<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 you can find them at: <http://ksrevenue.org/bustaxtypescig.html> or have questions, please contact Cigarette Tobacco at 785-368-8222 or email [kdor\\_cigtob@ks.gov](mailto:kdor_cigtob@ks.gov)

FAILURE TO FILE YOUR MONTHLY REPORT AS REQUIRED BY LAW MAY RESULT IN THE SUSPENSION OR REVOCATION OF YOUR WHOLESALE DEALER'S LICENSE FOR A PERIOD UP TO ONE YEAR AND A MAXIMUM ADMINISTRATIVE FINE OF \$1,000 FOR EACH VIOLATION.