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KANSAS DEPARTMENT OF REVENUE

OUT-OF-STATE TOBACCO PRODUCTS DISTRIBUTORS SELLING INTO KANSAS

Schedule 5

Filing Month/Year:_____ License #:_____

Name:_____ Phone #:_____

Address, City, State, Zip:_____

Invoice Date	Invoice Number	Consignee	Address	Manufacturer's Net Invoice Price

1. Total manufacturer's net invoice price _____
2. Total returns to manufacturers **(Schedule 4)** _____
3. Total taxable tobacco **(Subtract line 2 from line 1)** _____
4. Tax liability **(Multiply line 3 x 10%)** _____
5. Less: **Distributor's compensation (Multiply line 4 x 4%)** _____
6. Less: **Credit forward from previous month** _____
7. Subtotal **(Subtract lines 5 and 6 from line 4)** _____
8. Penalty _____
9. Interest _____
10. **Total Amount Due** _____ $_____

Sign and submit this report, all Schedules, and/or supporting documentation and payment 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.org/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)

_____ Executed on _____

Signature Month/Day/Year

TB-50 Rev. 8-19