

KANSAS DEPARTMENT OF REVENUE
MANUFACTURER'S SAMPLE PRODUCT
TOBACCO TAX RETURN

_____, a manufacturer, has given \$_____ of free
 (Name of Business) (Net Wholesale Price)

samples away in the state of Kansas for the month and year of _____.
 (Month, Year)

_____	Net Wholesale Price
X _____ 10%	Tax Rate
\$ _____	Amount of Tax Due

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.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.

 (Signature)

 (Date)

 (Title)

 (Phone Number)