### KANSAS DEPARTMENT OF REVENUE **CUSTOMER RELATIONS – MISCELLANEOUS SEGMENT** PO BOX 750680 TOPEKA, KANSAS 66625-0680 www.ksrevenue.org Phone: 785-368-8222 Fax: 785-296-4993

# **TOBACCO FORMS INSTRUCTIONS**

### **In-State Distributor Forms List**

TB-43 (Schedule 1) Individual line instructions are provided on the form.

**TB-42** (Schedule 2) This form lists who you purchased your smokeless and pipe tobacco from. If you purchase from another distributor, you must provide the **original manufacturer's name**.

**TB-42C** (Schedule 3) This form lists who you purchased your roll-your-own tobacco products from. DO NOT INCLUDE SMOKELESS OR PIPE TOBACCO ON THIS FORM. If you purchase from another distributor, you must provide the **original manufacturer's name**. You must provide the brand family name and a copy of one invoice for each NPM.

**TB-45** (Schedule 4) Use this form if you sell to out-of-state customers, return product to the manufacturer or sell to the U. S. government. You must list the name and address of each business you sold to. Use a separate TB-45 for each state.

# **Out-of-State Distributor Forms List**

**TB-42C** (Schedule 3) This form lists who you purchased your roll-your-own tobacco products from. If you purchase from another distributor, you must provide the **original manufacturer's name**. You must provide the brand family name and a copy of one invoice for each NPM.

TB-50 (Schedule 5) Individual line instructions are provided on the form.

#### **Manufacturer Form List**

TB-32 Submit this form with your remittance if you give any sample products away in the state of Kansas.