

MONTHLY REPORT OF TOBACCO PRODUCTS PURCHASES

SCHEDULE 2

Filing Month/Year: _____

License #: _____

Name: _____

Phone #: _____

Address, City, State, Zip: _____

| Invoice Date | Invoice Number | Distributor / Manufacturer (circle one) Purchased From | Original Manufacturer Name If Purchased From Another Distributor | Manufacturer's Net Invoice Price |
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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) _____

Signature _____

Executed on _____
Month/Day/Year

MONTHLY REPORT OF TOBACCO PRODUCTS PURCHASES INSTRUCTIONS

In-State Distributor: 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**.

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 have any questions or need additional assistance, please contact our office at 785-368-8222, choose option 5 followed by option 4 from 8 a.m. to 4:45 p.m., Monday through Friday, and email us at: kdor_cigtob@ks.gov, or if needing forms visit our website at: <http://www.ksrevenue.org/bustaxtypescig.html>.

IN-STATE TOBACCO DISTRIBUTOR UPLOAD FILE SPECIFICATIONS FOR TB-43

All files must be **tab delimited** in order to work properly. Excel can output tab delimited txt files. The first line of these files must contain the field header.

Schedule 2

1. Invoice Date: Date format (e.g. 04/24/2010)
2. Invoice Number: 30 characters max
3. Manufacturer Name: 120 characters max
4. Purchased From Type: 1 character (D = Distributor, M = Manufacturer)
5. Purchased From: 120 characters max
6. Net Invoice Price: Money/decimal (no \$ sign)

To receive the deduction for returns to manufacturer, you must upload the credit memos from the manufacturer.