

PACKS OF CIGARETTES NOT STAMPED FOR KANSAS

SCHEDULE C

Please read the instructions on the back of this form.

SOLD TO _____ CUSTOMERS*
State

SOLD TO US GOVERNMENT

RETURNED TO MANUFACTURER

Filing Month/Year: _____ License #: _____

Name: _____

Address, City, State, Zip: _____

Returned to Manufacturer ONLY		Sold To / Manufacturer Name	Address	Number of Cigarette Packs	
Invoice Date	Invoice Number			20s	25s
TOTAL THIS PAGE					
TOTAL FROM OTHER PAGES					
GRAND TOTAL					

*One state per sheet.

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

Signature _____ Title _____ Date _____

PACKS OF CIGARETTES NOT STAMPED FOR KANSAS INSTRUCTIONS

Complete this form if you sell unstamped (not stamped for Kansas) cigarettes to another state, to the US government, or return unstamped cigarettes to the manufacturer. You must provide the name and address of the business you sold the cigarettes to. You must provide the *original manufacturer's name* if you purchased from another distributor.

1. Enter the state the cigarettes were sold to. One state per sheet.
2. Check the appropriate box as to whether you:
 - Sold to _____ Customers in another state
 - Sold to the US Governmentor
 - Returned to Manufacturer
3. Enter the month and year you are filing.
4. Enter your company's license number.
5. Enter your company's name.
6. Enter your company's address.
7. Enter the invoice date. **Manufacturer only**
8. Enter the invoice number. **Manufacturer only**
9. Enter the name of the business you sold the cigarettes to or manufacturer name.
10. Enter the manufacturers' address.
11. Enter the number of 20 count and 25 count cigarette packs you sold to the business.
12. Enter the total for each column, page(s) and grand total.
13. Sign the form attesting the information is true and correct.
14. Enter your title with your company.
15. Enter today's date.
16. Enter the page numbers.

Submit this report and all Schedules and/or supporting documentation to the Kansas Department of Revenue by the 10th day of the month following the reporting month to: Cigarette Tobacco, 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.gov/bustaxtypescig.html>.

CIGARETTE WHOLESALER UPLOAD FILE SPECIFICATIONS

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.

CG-16 SCHEDULE C

1. Sold to Code: 1 character (S = State, G = Government, M = Returned to Manufacturer)
2. Sold to State: 2 character state code
3. Invoice Date: Date format (e.g. 04/24/2017)
4. Invoice Number: 30 characters max
5. Sold To/Manufacturer Name: 75 characters max
6. Sold To/Manufacturer Street 1: 100 characters max
7. Sold To/Manufacturer Street 2: 100 characters max
8. Sold To/Manufacturer City: 40 characters max
9. Sold To/Manufacturer State: 2 character state code
10. Sold To/Manufacturer Zip: 10 characters max, no dash, just numbers
11. Sold To/Manufacturer Country: 2 character country code
12. Count of 20 Packs: Integer value
13. Count of 25 Packs: Integer value