

KANSAS DEPARTMENT OF REVENUE

**KANSAS STAMPED PACKS OF CIGARETTES PURCHASED**

**SCHEDULE B**

**Please read the instructions on the back of this form.**

Filing Month/Year: \_\_\_\_\_ License #: \_\_\_\_\_

Name: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Invoice Date	Invoice Number	Purchased From	Address	Number of Cigarette Packs	
				20s	25s
<b>TOTAL THIS PAGE</b>					
<b>TOTAL FROM OTHER PAGES</b>					
<b>TOTAL</b>					

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

## KANSAS STAMPED PACKS OF CIGARETTES PURCHASED

Complete this form if you purchase stamped cigarettes from another Kansas registered distributor.

1. Enter the month and year you are filing.
2. Enter your license number.
3. Enter your company's name.
4. Enter your company's complete address (street address, city, state, zip).
5. Enter the date of the invoice that lists the cigarettes you received.
6. Enter the invoice number.
7. Enter the name of the distributor licensed to do business in Kansas that you purchased the stamped cigarettes from.
8. Enter the address of the distributor.
9. Enter the number of cigarette packs you received for 20s and 25s.
10. Enter the total for this page for packs you received for 20s and 25s.
11. Enter the total from other pages packs you received for 20s and 25s.
12. Enter the overall total for packs you received for 20s and 25s
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 number(s).

Submit this report and all Schedules and/or supporting documentation to the Kansas Department of Revenue by the 10<sup>th</sup> 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](mailto: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-23 SCHEDULE B**

1. Invoice Date: Date format (e.g. 04/24/2017)
2. Invoice Number: 30 characters max
3. Received From Name: 75 characters max
4. Received From Street 1: 100 characters max
5. Received From Street 2: 100 characters max
6. Received From City: 40 characters max
7. Received From State: 2 character state code
8. Received From Zip: 10 characters max, no dash, just numbers
9. Received From Country: 2 character country code
10. Count of 20 Packs: Integer value
11. Count of 25 Packs: Integer value