

KANSAS DEPARTMENT OF REVENUE

TOBACCO PRODUCTS

SCHEDULE 4

SOLD TO _____ **CUSTOMERS***
State

RETURNED TO MANUFACTURER

SOLD TO US GOVERNMENT

Filing Month/Year: _____ License #: _____

Name of Distributor: _____ Phone #: _____

Address, City, State, Zip: _____

Invoice or Credit Memo Date	Invoice or Credit Memo Number	Manufacturer or Consignee Name	Manufacturer or Consignee Address	Manufacturer's Net Invoice Price or Credit Memo Amount
<p>*Enclose credit memo from the manufacturer with this Schedule.</p>				<p>PAGE TOTAL</p>
<p>GRAND TOTAL</p>				

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

 Date

TOBACCO PRODUCTS INSTRUCTIONS

In-State Distributor Forms List: (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.

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, or email us at: kdor_cigtob@ks.gov, or if needing forms visit our website at: <http://www.ksrevenue.gov/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 4

1. Sold to Code: 1 character (S = State, G = Government, R = Returned to Manufacturer, F = Foreign)
2. Sold to State: 2 character state code
3. Invoice Date: Date format (e.g. 04/24/2010)
4. Invoice Number: 30 characters max
5. Manufacturer/Consignee Name: 75 characters max
6. Manufacturer/Consignee Street 1: 100 characters max
7. Manufacturer/Consignee Street 2: 100 characters max
8. Manufacturer/Consignee City: 40 characters max
9. Manufacturer/Consignee State: 2 character state code for US states, 40 characters max for Foreign states
10. Manufacturer/Consignee ZIP: 10 characters max, no dash, just numbers
11. Manufacturer/Consignee Country: 2 character country code
12. Net Invoice Price: Money/decimal (no \$ sign)

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