



Kansas Department of Agriculture

1320 Research Park Dr
 Manhattan, KS 66502
 Phone 785-564-6700
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 KDA.Dairy@KS.GOV

Quarterly Report of Frozen Dairy Dessert and Frozen Dairy Dessert Mix for Retail Sale

(Imported into Kansas by milk distributor or manufactured by a Kansas dairy manufacturing plant.)

Please return fee and form to:

Kansas Department of Agriculture
 1320 Research Park Drive
 Manhattan, KS 66502

785-564-6700

Name of Distributor or Dairy Manufacturer _____

Mailing Address _____

Street Address _____

Plant Location _____

Kansas License Number _____

Tax due is \$2 per 1,000 gallons or any fraction of 1,000 gallons.

Section 1: Total gallons of frozen dairy dessert.

Product Type	Gallons (nearest thousand)
Ice Cream/Frozen Custard	
Low Fat Ice Cream	
Sherbet	
Frozen Yogurt	
Other Frozen Dairy Dessert (novelties, bars, cups, etc.)	

For quarter _____ Year _____

Quarter	Dates Covered	Due Date
1	Jan 1 to Mar 31	Apr 30
2	Apr 1 Jun 30	Jul 31
3	Jul 1 to Sep 30	Oct 31
4	Oct 1 to Dec 31	Jan 31

Section 2: Total gallons of frozen dairy dessert mixes for retail sale only.

Product Type	Gallons (round to nearest thousand)
Ice Cream/Frozen Custard Mix	
Low Fat Ice Cream Mix	
Sherbet Mix	
Frozen Yogurt Mix	
Other Dairy Dessert Mixes	

A1. Total gallons (sections 1 & 2) = _____

Total gallons times \$2 = \$ _____

A2. Minimum fee of \$7.50 is required.

Total fees: A1 or A2, whichever is greater

Total fees paid: \$ _____

This report is due on or before April 30, July 31, October 31 and January 31. An additional charge will be assessed equal to 1% of the required fee for each day after the date due. If the additional late fee charge is less than \$5, then a minimum of \$5 is due.

For and on behalf of the applicant, I, the undersigned, hereby authorize the secretary of the Kansas Department of Agriculture or his/her authorized representative to examine all records of the applicant necessary for the purpose of verifying and determining the fee due under the dairy law to the State of Kansas. (K.S.A. 65-781)

I hereby attest that the information in this report has been examined by me and to the best of my knowledge and belief is a true, correct and complete report. I also certify that I am authorized to sign this report.

Signature

Date

Print Name

For Office Use Only

DPT _____ Check # _____ Transaction # _____

T7 Revised 01/19