Department of Revenue Services PO Box 5018 Hartford CT 06102-5018 (Rev. 09/17)

## Schedule A-4 Tobacco Products Tax - Nonresident Distributor

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Name	Period ending	Connecticut Tax Registration Number
Address		1

Enter the total of Schedule A-4 on Form OP-300, Tobacco Products Tax Return, Line 7. Attach Schedule A-4 to the return. Attach additional sheets if needed.

Invoice Number	Date	Imported To	Brand Name	Quantity	Weight Each (in ounces)	<b>Total Weight</b> (Quantity multiplied by Weight)
Enter this amount of	Enter this amount on Form OP-300, Line 7.					