

TAX TYPE

**STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES
P.O. Box 2990, Hartford, CT 06104-2990**

**INVENTORY OF CIGARETTES ON HAND
AS OF CLOSE OF BUSINESS ON**

Please change name and address if shown incorrectly below



| |
|---------------------------------------|
| CT TAX REGISTRATION NUMBER |
| LICENSE NUMBER |
| FEDERAL EMPLOYER ID NUMBER |
| THIS REPORT IS TO BE FILED BY EACH |
| DUE NOT LATER THAN |

FLOOR TAX COMPUTATION

| | | | | | |
|----|---|---------------------------------|------|------------|----|
| 1. | Number of cartons | (10 packs per carton - 20/pack) | x \$ | per carton | \$ |
| 2. | Number of packs | (20 cigarettes per pack) | x \$ | per pack | \$ |
| 3. | Number of cartons | (10 packs per carton - 25/pack) | x \$ | per carton | \$ |
| 4. | Number of packs | (25 cigarettes per pack) | x \$ | per pack | \$ |
| 5. | Number of cartons | (8 packs per carton - 25/pack) | x \$ | per carton | \$ |
| 6. | Total tax due | (Add Lines 1 through 5) | | | \$ |
| 7. | Interest for late filing | | | | \$ |
| 8. | Penalty for incomplete reports or late filing | | | | \$ |
| 9. | Total amount due | (Add Lines 6, 7 and 8) | | | \$ |

**A DETAILED INVENTORY MUST BE ATTACHED TO THIS REPORT
A REPORT MUST BE FILED WHETHER OR NOT CIGARETTES ARE ON HAND**

I declare under the penalties of false statement that I have taken a cigarette inventory as of the close of business on _____ and that this report has been examined by me and to the best of my knowledge and belief is a true, complete and correct report.

SIGNATURE

TITLE

DATE

FOR OFFICE USE ONLY

Compute the tax due. Remit payment for the total amount of tax due together with this report by the due date shown above.

Make check or money order payable to: **COMMISSIONER OF REVENUE SERVICES**

Mail to: Department of Revenue Services
PO Box 2990
Hartford CT 06104-2990

INTEREST: 1% of the tax shall be added for each month or fraction thereof from the due date to the date of payment.

PENALTY: 10% of the amount due or \$50, whichever is greater.

ASSISTANCE: If you need information or assistance, call the Excise/Public Services Taxes Unit at 860-541-3225, Monday through Friday, between the hours of 8:00 a.m. and 5:00 p.m.

Failure to file this report when due shall be sufficient cause to revoke your license.