

Department of Revenue Services
 PO Box 5018
 Hartford CT 06102-5018

Schedule A-4

Tobacco Products Tax - Nonresident Distributor

Record of snuff tobacco products purchased, imported, received, or acquired in Connecticut

(Rev. 05/09)

Include the total of Schedule A-4 on Line 9 of **Form OP-300**, *Tobacco Products Tax Return*. Attach Schedule A-4 to the return.
 Attach additional sheets if needed.

Name _____ Period ending _____ CT Tax Registration Number _____

Address _____

Invoice Number Column 1	Date Column 2	Imported To Column 3	Brand Name Column 4	Quantity Column 5	Weight Each (in ounces) Column 6	Total Weight (Col. 5 x 6) Column 7
Total						

Include this amount on Line 9 of Form OP-300.