DRAFT 10-8-2024

Department of Revenue Services State of Connecticut (New 8/24)

Schedule A-2 OTHER ELECTRONIC CIGARETTE PRODUCTS 10% OF WHOLESALE SALES PRICE

Use this form to report first sales of untaxed electronic cigarette products excluding (1) manufacturer-prefilled cartridges and pods and (2) manufacturer-prefilled disposable, one-time use electronic cigarettes.

Non-resident electronic cigarette wholesalers must report Connecticut sales invoices. Resident electronic cigarette wholesalers must report purchase invoices. For more information on product classification, refer to Special Notice 2019(7), Electronic Cigarette Products Tax.

For period ending (MM/DD/YYYY)	Due date (MM/DD/YYYY)	Connecticut Tax Registration Number
Taxpayer Name		Federal Employer Identification Number
Address (number and street), apartment numbe	r, PO Box	
City, town, or post office State	ZIP code	

Each item per invoice must be listed individually.

Enter the total of Schedule A-2 on Form ECIG-351, Electronic Cigarette Products Tax Return, Line 4.

Upload Schedule A-2 as an attachment when submitting Form ECIG-351.

Follow the format in the example below.

	Invoice	Invoice		T	otal Invoice			Wholesale Sales	Total Wholesale
	Date	Number	Customer		Amount	Product Description	Quantity	Price Per Unit	Sales Price \$
Example:	1/1/2024	93028544	ABC Manufacturer	\$	4,580.00	ABC Kit	4	\$2.00	4 x 2 = 8

Invoice Date			Total Invoice Amount Product Description			Wholesale Sales Price Per Unit	Total Wholesale Sales Price \$
			_1	<u> </u>	<u> </u>		
inter this amount on Form ECIG-351, Line 4.						Total	