Department of Revenue Services State of Connecticut Excise/Public Services Taxes Subdivision (Rev. 09/17)

Distributor's name

#### Schedule E - Part I

# Cigarette Roll-Your-Own Tobacco Purchased, Acquired, Shipped Into Connecticut, or Manufactured During the Month

Roll-your-own tobacco may **only** be purchased and sold in brand families listed in the Connecticut Tobacco Directory. Check the most recent update of the Connecticut Tobacco Directory and any email notifications from the Department of Revenue Services (DRS) before purchasing and selling any cigarette roll-your-own tobacco and for an identification of a tobacco product manufacturer as either a participating manufacturer or a nonparticipating manufacturer. See **Informational Publication 2006(31)**, *Licensed Tobacco Products Distributor's Guide to Connecticut Tobacco Products Tax Laws and Other Tobacco Products-Related Laws*.

Connecticut Tax Registration Number

Distributor's address					Date	
						/
					month	year
Part I - Cigarette Roll-Your-Own Tobacco Pu For all cigarette roll-your-own tobacco purchased (or shipped to name and address; invoice number; brand families; quantity; to	o you in Connecticut	) directly from a particip	pating manul	facturer during the	e month, report the	
Participating manufacturer's name and address	Invoice number	Cigarette roll-your-own tobacco brand family	Quantity	Net weight of each	Total weight	Wholesale sales price
1. Add all amounts for Total weight, and Wholesale sales price	e, for this page			1.		
2. Total from attached Schedule E - Part I, Additional Sheet(s).	Number of additiona	al sheet(s)		2.		
3. Total Schedule E - Part I: Add Total weight, and Wholesale	sales price, Line 1 a	nd Line 2		3.		
4. Enter amount from Schedule E - Part II, Subpart A, Total we	eight, and Wholesale	sales price, Line 3		4.		
5. Enter amount from Schedule E - Part II, Subpart B, Total we	eight, and Wholesale	sales price, Line 3		5.		
6. Total weight and wholesale sales price of cigarette roll-your- sales price Lines 3, 4, and 5. Enter amounts here and enter				2 6.		

Additional Sheet Number	of	

### Schedule E - Part I

#### Additional Sheet

#### Cigarette Roll-Your-Own Tobacco Purchased, Acquired, Shipped Into Connecticut, or Manufactured During the Month

Participating manufacturer's name and address	Invoice number	Cigarette roll-your-own tobacco brand family	Quantity	Net weight of each	Total weight	Wholesale sales price
Subtotal: Add all amounts for Schedule E - Part I - Addit Wholesale sales price. Enter here and on Schedule E - I	tional Sheet(s), Tot Part I, Line 2	al weight, and				

## Schedule E - Part II, Subpart A

Cigarette Roll-Yo	our-Own Tobacco Purchased, Acq	uired, Shippe	ed Into Connecticut, c	or Manufa	actured I	During the Month	1
Distributor's name					Con	necticut Tax Registrati	on Number
Distributor's address					Date		/
Post II. Ciscostto Ball Vario Orios 7	Fabraca Duadousta Nat Dough and	Dinastha Fasa	Dantialmatina Mana	.f1		month	year
Part II—Cigarette Roll-Your-Own T Subpart A—Cigarette Roll-Your-Offacturer						ly From the Parti	cipating Manu-
	olesale sales price of cigarette roll-your-own to urchased directly from the participating manufanilies of the cigarette roll-your-own tobacco. A	acturer; the name	e, address, and FEIN of the p	erson from	whom you	purchased the cigarett	e roll-your-own tobacc
Cigarette roll-your-own tobacco may only be email notifications from the Department of Redistributor's Guide to Connecticut Tobacco P	venue Services (DRS) before purchasing and	selling any cigare					
Supplier's name, address, and FEIN	Participating manufacturer's name and address	Invoice number	Cigarette roll-your-own tobacco brand family	Quantity	Net weight of each	Total weight	Wholesale sales pric
1. Subtotal: Add all amounts for Schedule E	- Part II, Subpart A, Total weight, and Wholes	ale sales price.			1.		
2. Total from attached Schedule E - Part II, So	ubpart A, Additional Sheet(s). Number of addi	itional sheet(s) _			2.		
3. Total Schedule E - Part II, Subpart A: Add	Total weight, and Wholesale sales price, Line	1 and Line 2. En	iter here				

rt II, Subpart	: <i>F</i>
	it ii, Subpart

**Additional Sheet** 

#### Cigarette Roll-Your-Own Tobacco Purchased, Acquired, Shipped Into Connecticut, or Manufactured During the Month

	Total weight Wholesale sales price	et weight Total weigh of each	Quantity Net we of each	Cigarette roll-your-own tobacco brand family	Invoice number	Participating manufacturer's name and address	Supplier's name, address, and FEIN
Subtotal: Add all amounts for Schedule E - Part II, Subpart A, , Additional Sheet, Total weight, and Wholesale sales price.  Enter here and on Schedule E - Part II, Subpart A, Line 2.							

Schedule E - Part II, Subpart B
Roll-Your-Own Tobacco Purchased, Acquired, Shipped Into Connecticut, or Manufactured During the Month

	, .		•			•	
Distributor's name							ation Number
Distributor's address					Date	month	/
Subpart B — Roll-Your-Own Tobac	cco Products Manufactured by a l	Non-Particina	ting Manufacturer			monur	year
Report in Subpart B the total weight and not manufactured by a participating manuand the brand families of the cigarette roall columns. Attach additional sheets if no A nonparticipating manufacturer is	wholesale sales price of cigarette roll-your facturer; the name, address, and FEIN coll-your-own tobacco. Also report in Subpecessary.  is a person identified as a nonparticipation	our-own tobacco of the person from part B the name, ang manufacture	you purchased (or had a m whom you purchased t , address, and FEIN of th r in the Connecticut Toba	the cigarett ne nonpart acco Direct	te roll-your- icipating materials	own tobacco (Sup anufacturer or firs	plier); invoice number t purchaser. Complete
	her entity that is not a participating manute roll-your-own tobacco was not original						esignated for sale in
Supplier's name, address, and FEIN	Non-participating manufacturer's name and address	Invoice number	Cigarette roll-your-own tobacco brand family	Quantity	Net weight of each	Total weight	Wholesale sales price
1. Subtotal: Add all amounts for Schedule E	. , , , , , , , , , , , , , , , , , , ,	,					
2. Total from attached Schedule E - Part II, So	ubpart B, Additional Sheet(s). Number of add	itional sheet(s)			2.		
3. Total Schedule E - Part II, Subpart B: Add and on Schedule E - Part I, Line 5	Total weight, and Wholesale sales price, Line	e 1 and Line 2. En	ter here		3.		

Additional Sheet  Cigarette Roll-Your-Own Tobacco Purchased, Acquired, Shipped Into Connecticut, or Manufactured During the Month									
Supplier's name, address, and FEIN	Non-participating manufacturer's name and address	Invoice number	Cigarette roll-your-own tobacco brand family	Quantity	Net weight of each	Total weight	Wholesale sales prid		

Subtotal: Add all amounts for Schedule E - F	Part II, Subpart B, Additional Sheet, Total weigh	ht, and Wholesa	le sales price.		
Enter here and on Schedule E - Part II, Subpa	art B, Line 2			 ·······	