STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES
Excise/Public Service Subdivision

(Rev. 12/00)

SCHEDULE E

Roll-your-own Tobacco Products
Purchased, Acquired Or Shipped Into Connecticut During The Month

Read instructions for Part I and II carefully.

This Schedule must be completed each month (even if no roll-your-own tobacco was purchased during the month) and attached to **Form OP-300**, *Tobacco Products Tax Return*

Distributor's Name _____ **Connecticut Tax Registration Number** _____

Distributor's Address _____ **Month of** _____ **Year** _____

Part I - Roll-Your-Own Tobacco Purchased Directly from Manufacturers

Instructions

Include in Part I the quantity of roll-your-own packages you purchased directly from manufacturers during the month. (Roll-your-own tobacco that was not purchased directly from the manufacturer should be reported in Part II.) List below the manufacturer's name, address, and Federal Employer Identification Number (FEIN), and the quantity of roll-your-own packages that you purchased. Complete all columns and attach additional sheets if necessary.

Manufacturer's Name and Address (1)	Manufacturer's FEIN (2)	Quantity (3)	Net Weight of Each (4)	Total Weight (5)

Line 1. Total Part I (this page)	1	
Line 2. Total from Part II, Line 1 (from back)	2	
Line 3. Total roll-your-own tobacco (add Line 1 and Line 2)	3	

Part II - Roll-Your-Own Tobacco Purchased from Other Sources

Instructions

Include in Part II the quantity of roll-your-own tobacco you purchased other than directly from the manufacturer. If you have more than one supplier with respect to any brand of roll-your-own tobacco, list all suppliers for such brand(s). List below the name, address, and Federal Employer Identification Number of your supplier and the brand(s) of roll-your-own tobacco purchased from each such supplier. For each brand listed, enter the name, address, and Federal Employer Identification Number of the **first purchaser** or manufacturer of the roll-your-own tobacco. (The *first purchaser* is the person or other entity responsible for the roll-your-own tobacco being designated for sale in the United States where such roll-your-own tobacco was not originally intended for sale in the United States by the manufacturer.) If you have purchased roll-your-own tobacco which has been re-packaged for sale in the United States (i.e., required health warnings have been affixed), such roll-your-own tobacco was not intended by their manufacturer to be sold in the United States. The *manufacturer* is a roll-your-own tobacco manufacturer which manufactured roll-your-own tobacco that it intended to be sold in the United States, including roll-your-own tobacco intended to be sold in the United States through an importer. (This roll-your-own tobacco has the required health warnings on the original packaging.) Complete all columns and attach additional sheets if necessary.

Supplier's Name, Address and FEIN (1)	Brand(s) of Roll-your-own Tobacco (2)	First Purchaser or Manufacturer's Name, Address, and FEIN (3)	Quantity (4)	Net Weight Each (5)	Total Weight (6)

Line 1. Total for Part II (carry this total to Part I, Line 2) ..... 1 _____