Department of Revenue Services State of Connecticut PO Box 5034 Hartford CT 06102-5034

(Rev. 12/01)

Form OP-182

Vending Machine Report Cigarette Distributors and Dealers

For Period Ended

Connecticut Tax Registration Number

Instructions

- 1. You must file a report even if no machines were acquired or disposed of during this reporting period.
- 2. Penalty: Late filing \$50.
- 3. **Due Date:** 15 days after the filing period shown on this return. The return must be postmarked on or before the due date.
- 4. Make check or money order payable to: Commissioner of Revenue Services.

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– Original –	
File this copy with the Department of Revenue Services	
For Demonstrate Hore Only	
For Department Use Only	

Please check here if your name or mailing address has changed and make the necessary changes.

	Information to Be Reported	Number of Machines	
1.	Vending machines owned, operated, or stored in Connecticut at the close of the preceding month (Line 5, previous month's report)		
2.	Vending machines purchased, acquired, or brought into Connecticut during the month covered by this report (Enter detail on Schedule A)		
3.	Total accountable machines for month covered by this report (Line 1 plus Line 2)		
4.	Vending machines sold or otherwise disposed of during the month covered by this report (Enter detail on Schedule B)		
5.	Vending machines owned, operated, or stored in Connecticut at the end of the month covered by this report (Line 3 minus Line 4)		
6.	Penalty for late filing (\$50 - Add if applicable)		
7.	Number of machines reported on Line 5 which were not being operated on location at the end of the month covered by this report		

Declaration: I declare under penalty of law that I have examined this return or document (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand that the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Taxpayer's Signature	Title	Date
<u>X</u>		

Important: Schedules A and B on reverse side must be filled out if any entries appear on Lines 2 or 4 above.

Total				Date	Vending	Schedule A
				Qty	mach	le A
(Should agree with Page 1, Line 2)				Manufacturer	ines purchased, acquired, or br	
* Fill in this a return;				Model	ought into	
Fill in this column: Use "V" if the tax was paid to vendor; Use "S" a return; Use "O" if tax was not paid and explain fully below.				Premises Where Machine Is Located (Name and Address)	Vending machines purchased, acquired, or brought into Connecticut during this reporting month:	
* Fill in this column: Use "V" if the tax was paid to vendor; Use "S" if the tax was paid directly by you to the State of Connecticut and reported on a return; Use "O" if tax was not paid and explain fully below.				From Whom Acquired (Name and Address)		
necticut a				*Sales Tax Paid		
nd reported on			 	 Purchase Price		

Explain here if tax was not paid:

To Whom Sold or Transferred (Name and Address)

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