

# Form OP-182

## Vending Machine Report Cigarette Distributors and Dealers

|                                     |
|-------------------------------------|
| For Period Ended                    |
| Connecticut Tax Registration Number |

|   |
|---|
| – Original –<br>File this copy with the<br>Department of Revenue Services |
| <b>For Department Use Only</b>  |

**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.**



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 <b>not</b> being operated on location <b>at the end of the month covered by this report</b> |                    |  |

**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 |
| <b>X</b>             |       |      |

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

