

Department of Revenue Services  
 State of Connecticut  
 Excise Taxes Unit  
 25 Sigourney Street  
 Hartford CT 06106  
 (Rev. 04/05)

# Schedule A-4

## Tobacco Products Tax - Nonresident Distributor

### Record of snuff tobacco products purchased, imported, received, or acquired in Connecticut

Include the total of Schedule A-4 on Line 9 of **Form OP-300**, *Tobacco Products Tax Return*. Attach Schedule A-4 to the return.  
 Attach additional sheets if needed.

Name \_\_\_\_\_ Period Ending \_\_\_\_\_ CT Tax Registration Number \_\_\_\_\_

Address \_\_\_\_\_

Invoice Number	Date	Imported To	Brand Name	Quantity	Weight Each <i>(in ounces)</i>	Total Weight <i>(Col. 5 x 6)</i>
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
Include this amount on Line 9 of <b>Form OP-300</b>					<b>Total</b>	