Department of Revenue Services State of Connecticut Excise/Public Services Taxes Subdivision

SCHEDULE E - Part I

Roll-your-own Tobacco

(Rev. 01/05)

Purchased, Acquired, or Shipped Into Connecticut During the Month

Read instructions for Part I and II carefully.

This Schedule must be completed each month *unless you check the appropriate box on* **Form OP-300**, *Tobacco Products Tax Return*. As used in these instructions, *participating manufacturer* means a tobacco product manufacturer that is a signatory to the Master Settlement Agreement (MSA). For an up-to-date list of participating manufacturers, visit the internet web site of the National Association of Attorneys General at http://www.naag.org and click on "Tobacco Settlement Documents" and then "Participating Manufacturers and Brand Names under the MSA."

Distributor's Name Connecticut Tax Registration Number

Distributor's Address		Month of		Year <u></u> ▶	
Part I - Roll-Your-Own Tobacco Purchased Dir Instructions Report in this Part the total weight of roll-your-own tobacco name, address and Federal Employer Identification Numb necessary.	you purchased (or had shippe	d to you in Connecticut) during the month			
Participating Manufacturer's Name and Address	Participating Manufacturer's FEIN	Brand(s) of Roll-your-own Tobacco	Quantity	Net Weight of Each	Total Weight
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Line 1. Subtotal (For this page)	'	'		1	>
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Line 3. Total Part I (Add Line 1 and Line 2.)				3	>
Line 4. Total from Part II, Subpart A, Line 3				4	>
Line 5. Total from Part II, Subpart B, Line 3				5	>
Line 6. Total weight of roll-your-own tobacco (Add Lines 3 4 and 5)			6	

Additional	Sheet	Number	of

Schedule E - Part I

Additional Sheet

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

Participating Manufacturer's Name and Address	Participating Manufacturer's FEIN	Brand(s) of Roll-your-own Tobacco	Quantity	Net Weight of Each	Total Weight
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Schedule E - Part II, Subpart A

Roll-your-own Tobacco Purchased, Acquired, or Shipped Into Connecticut During the Month

Distributor's Name	CT Tax Registration Number
Distributor's Address	Month of
Part II—Roll-vour-own Tobacco Products Not Purchased Directly From a Par	ticipating Manufacturer

Subpart A—Roll-your-own Tobacco Manufactured by a Participating Manufacturer but Not Purchased Directly From the Participating Manufacturer

Report in this Subpart the total weight of roll-your-own tobacco you purchased (or had shipped to you in Connecticut) during the month and was manufactured by a participating manufacturer, but was not purchase directly from the participating manufacturer; the name, address, and Federal Employer Identification Number (FEIN) of the person from whom you purchased the roll-your-own tobacco ("Supplier"); and the brands of roll-your-own tobacco. Also report in this Subpart the name, address, and FEIN of the participating manufacturer. Complete all columns. Attach additional sheets if necessary.

Supplier's Name, Address, and FEIN	Brand(s) of Roll-your-own Tobacco	Participating Manufacturer's Name, Address, and FEIN	Quantity	Net Weight of Each	Total Weight
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Line 2. Total from attached Schedule	e E - Part II, Subpart A, additio	onal sheet(s). (Number of Additional Sheet(s))2	>
Line 3. Total weight of roll-your-own	tobacco (Add Line 1 and Line	2.) Enter total on Part I, Line 4		3	>

Schedule E - Part II, Subpart A (Rev. 01/05)

Additional	Sheet	Number	of

Schedule E - Part II, Subpart A

Additional Sheet

Roll-your-own Tobacco Purchased, Acquired, or Shipped Into Connecticut During the Month

				 		
	Supplier's Name, Address, and FEIN	Brand(s) of Roll-your-own Tobacco	Participating Manufacturer's Name, Address and FEIN	Quantity	Net Weight of Each	Total Weight
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Schedule E - Part II, Subpart B

Roll-your-own Tobacco

Purchased, Acquired, or Shipped Into Connecticut During the Month

Distributor's Name	istributor's Name CT Tax Registration Number					
Distributor's Address Subpart B—Roll-Your-Own Tobacco Products Report in this Subpart the total weight of roll-your-the name, address, and Federal Employer Identificate report in this Subpart the name, address, and FEIN A nonparticipating manufacturer means a United States, including roll-your-own tobacture of the A first purchaser means a person or other	Not Manufactured by a Pa own tobacco you purchased (o ation Number (FEIN) of the per N of the nonparticipating manu a tobacco product manufacture acco it intends to be sold thro er entity that is not a participat	Month of Inticipating Manufacturer or had shipped to you in Connecticut) during the manufacturer or from whom you purchased the roll-your-own to facturer or first purchaser. Complete all columns. All or that is not a participating manufacturer and manufacturer and manufacturer and manufacturer.	bbacco ("Supplier"); httach additional sho nufacturers roll-you	and the brands of rolleets if necessary. r-own tobacco it intended	-your-own tobacco. Also ds to be sold in the	
Supplier's Name, Address, and FEIN	Brand(s) of Roll-your-own Tobacco	Nonparticipating Manufacturer's or First Purchaser's Name, Address and FEIN	Quantity	Net Weight of Each	Total Weight	
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Line 2. Total from attached Schedule E	- Part II, Subpart B, addition	onal sheet(s). (Number of Additional Sheet(s))2	>	
Line 3. Total weight of roll-your-own tob	acco (Add Line 1 and Line	2.) Enter total on Part I, Line 5		3	>	

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Schedule E - Part II, Subpart B

Additional Sheet

Roll-your-own Tobacco Purchased, Acquired, or Shipped Into Connecticut During the Month

Supplier's Name, Address, and FEIN	Brand(s) of Roll-your-own Tobacco	Nonparticipating Manufacturer's or First Purchaser's Name, Address, and FEIN Quantity		Net Weight of Each	Total Weight
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