Department of Revenue Services PO Box 5018 Hartford CT 06102-5018

Name\_\_\_\_\_

## **Schedule C-1**

## **Tobacco Products Tax**

(Rev. 05/09)

Record of snuff tobacco products exported out of Connecticut or sold to the federal government

	Enter the total of Schedule C-	1 on Line 10 of Form OP-300,	Tobacco Products Tax Return. Atta	nch Schedule C-1
to Form OP-300	Tohacco Products Tay Peturn	Proparo a conarato Schodulo	C-1 for each state of destination	Attach additional chapte if needed

Period ending \_\_\_\_\_ State of destination \_\_\_\_\_

CT Tax Registration Number										
Invoice	Invoice				_			Weight Each	Total Weight	
Date	Number	Customer Name	Customer Address	City Column 5	State	ZIP Code	Quantity	(in ounces)	(Column 8 x 9) Column 10	
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9	Column 10	
Enter this amount on Line 10 of Form OP-300.										