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

Include this amount on Form OP-300, Line 9.

Schedule A-3

Tobacco Products Tax - Resident Distributor

(Rev. 09/14)

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

Include the total of Schedule A-3 on **Form OP-300**, *Tobacco Products Tax Return,* Line 9. Attach Schedule A-3 to the return.

Attach additional sheets if needed.

Name			Period ending	CT Tax Registration Number			
Address							
Column 1 Invoice Number	Column 2 Date	Column 3 Purchased, Imported, Received, or Acquired From	Column 4 Wholesale Sales Price	Column 5 Brand Name	Column 6 Quantity	Column 7 Weight Each (in ounces)	Column 8 Total Weight (Col. 6 x 7)

Total