

Schedule E

Cigarette Roll-Your-Own Tobacco

Purchased, Acquired, Shipped Into Connecticut, or Manufactured During the Month

Roll-your-own tobacco may **only** be purchased and sold in brand families listed in the Connecticut Tobacco Directory. Check the most recent update of the Connecticut Tobacco Directory and any email notifications from the Department of Revenue Services (DRS) before purchasing and selling any cigarette roll-your-own tobacco and for an identification of a tobacco product manufacturer as either a participating manufacturer or a nonparticipating manufacturer. See **Informational Publication 2006(31)**, *Licensed Tobacco Products Distributor's Guide to Connecticut Tobacco Products Tax Laws and Other Tobacco Products-Related Laws*.

	Distributor's Federal Employer ID Number (FEIN)
Distributor's name	Connecticut Tax Registration Number
Distributor's address	Date _____ / _____ month / year

Cigarette Roll-Your-Own Tobacco Purchased Directly From Participating Manufacturer

For all cigarette roll-your-own tobacco purchased (or shipped to you in Connecticut) directly from a participating manufacturer during the month, report the participating manufacturer's name and address; invoice number; brand families; quantity; total weight; and wholesale sales price. Complete all columns. Attach additional sheets if necessary.

Participating Manufacturer's or Non-participating Manufacturer's (PM or NPM) Name	Participating Manufacturer's or Non-participating Manufacturer's (PM or NPM) Address	Participating Manufacturer's or Non-participating Manufacturer's (PM or NPM) FEIN	Supplier's Name From Whom You Purchased Cigarette Product (if applicable)	Supplier's Address (if applicable)	Supplier's FEIN (if applicable)	Invoice Number	Cigarette Roll-Your-Own Tobacco Brand Family	Quantity	Net Weight of Each	Total Weight	Wholesale Sales Price

1. Add all amounts for <i>Total Weight</i> , and <i>Wholesale Sales Price</i> , for this page.	1.		
2. Total from attached Schedule E, Additional Sheet(s). Number of additional sheet(s) _____	2.		
3. Total weight and wholesale sales price of cigarette roll-your-own tobacco: Enter amounts here and enter the Total <i>Wholesale Sales Price</i> on Form OP-300 , Line 2.	3.		

Schedule E

Additional Sheet

Cigarette Roll-Your-Own Tobacco Purchased, Acquired, Shipped Into Connecticut, or Manufactured During the Month

Participating Manufacturer's or Non-participating Manufacturer's (PM or NPM) Name	Participating Manufacturer's or Non-participating Manufacturer's (PM or NPM) Address	Participating Manufacturer's or Non-participating Manufacturer's (PM or NPM) FEIN	Supplier's Name From Whom You Purchased Cigarette Product (if applicable)	Supplier's Address (if applicable)	Supplier's FEIN (if applicable)	Invoice Number	Cigarette Roll-Your-Own Tobacco Brand Family	Quantity	Net Weight of Each	Total Weight	Wholesale Sales Price

Subtotal: Add all amounts for Additional Sheet(s), *Total Weight*, and *Wholesale Sales Price*. Enter here and on Schedule E, Line 2.

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