



**MONTHLY TOBACCO TAX RETURN
RETURN DUE ON OR BEFORE THE 20TH OF EACH MONTH**

For the MONTH OF _____, 20____

Name: _____ Phone: _____

Address: _____
Street City State Zip

Corporate Limits

- 1. CIGARETTES PACKS _____ @ \$.04 PER PACK** (20 OR 25 CIG.PER PACK) \$ _____
(PLEASE ATTACH COPIES OF INVOICES) (WHOLESALE)
- 2. ALL OTHER PRODUCTS _____ X \$.04** \$ _____
(PLEASE ATTACH COPIES OF INVOICES)
- 3. CONSUMABLE VAPOR PRODUCTS _____ X \$.10 per milliliter** \$ _____

Police Jurisdiction

- 4. CIGARETTES PACKS _____ @ \$.02 PER PACK** (20 OR 25 CIG.PER PACK) \$ _____
(PLEASE ATTACH COPIES OF INVOICES) (WHOLESALE)
- 5. ALL OTHER PRODUCTS _____ X \$.02** \$ _____
(PLEASE ATTACH COPIES OF INVOICES)
- 6. CONSUMABLE VAPOR PRODUCTS _____ X \$.05 per milliliter** \$ _____
(PLEASE ATTACH COPIES OF INVOICES)
- 7. TOTAL TAX DUE** \$ _____
- 8.* PENALTY** \$ _____
(15% OF THE AMOUNT DUE IF PAID AFTER THE 20TH)
- 9. TOTAL REMITTANCE AMOUNT** \$ _____

This return has been examined by me and is, to the best of my knowledge and belief, a true and complete return, made in good faith, for the time period stated.

Signature: _____ Title: _____ Date: _____

*** PENALTY: THE PENALTY FOR LATE PAYMENT SHALL BE 15% OF THE AMOUNT DUE.
PENALTY WILL BE ASSESSED ON ANY PAYMENTS MADE AFTER THE 20TH DAY OF THE MONTH**