



Manufacturer Cigarette Tax

Business Name	License No.	Date
Principal or Agent Name		Phone
Address		Fax
City	State	Zip

Shipment of complimentary and/or sample cigarettes for month of _____, 20____

Instruction for form preparation

Prepare in duplicate. Submit original to Montana Department of Revenue, Customer Intake Process, P.O. Box 1712, Helena, MT 59604-1712, with payment. Retain duplicate in company file for field audit purposes.

	Number of Packs	Tax Value / Pack	Total Tax
1. Total of packs containing 20.....		\$1.70	\$
2. Total of packs containing 25.....		\$2.125	\$
3. Total tax due (add line 1 and line 2).....			\$

I hereby swear and affirm under penalty of false swearing that the information herein and attachments are true and correct to the best of my knowledge.

Print Name of Principal or Agent

Date

Signature of Principal or Agent