



Insignias Refund Application

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

Instruction for form preparation

1. Prepare in duplicate. Submit the original to Montana Department of Revenue, Customer Intake Process, P.O. Box 1712, Helena, MT 59604-1712. Retain a duplicate in company file for field audit purposes.
2. Attach with this refund request all copies of the credit memo, or other documents sent to the wholesaler indicating that credit or refund of the Montana cigarette tax has been issued.

Section 1 – Refund recap

1. Total value of stamps (total from all schedule M) _____
2. Discount rate 0.0045
3. Total discount (multiply line 1 by line 2) _____
4. Net Refund (subtract line 3 from line 1) _____

Section 2 – Notary signature

State of _____

ss.

County of _____

_____, being first duly sworn on oath deposes and

says: That he / she is the _____ of the above named applicant, and has
(Title)

personal knowledge of the matter set forth; that the cigarettes are not salable, and the cigarette tax pack units listed within the attached schedule and which are submitted for refund are all State of Montana cigarette tax insignia which are affixed to the unsalable cigarettes; that credit or refund for the net cost of the tax insignia has been given to a Montana cigarette wholesaler and that the cigarettes will not be sold at any time.

Signature of Affiant

Subscribed and sworn to before me this _____ day of _____, 20_____

_____, Commission expires: _____

Notary Public Signature

Date

Schedule M – Insignias Refund Recap

For the period of _____

Business name _____ Phone _____

Credit Memo ID	Invoices Information						Number of packs (A)	Tax / Pack (B)	Total Tax (A X B = C)
	Business Name	Address	City	State	Zip	Phone			
							20/Pk - \$1.70	\$	
							25/Pk - \$2.125	\$	
							20/Pk - \$1.70	\$	
							25/Pk - \$2.125	\$	
							20/Pk - \$1.70	\$	
							25/Pk - \$2.125	\$	
							20/Pk - \$1.70	\$	
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							20/Pk - \$1.70	\$	
							25/Pk - \$2.125	\$	
							20/Pk - \$1.70	\$	
							25/Pk - \$2.125	\$	
							20/Pk - \$1.70	\$	
							25/Pk - \$2.125	\$	
Total column C this page – Add total tax for this page only								\$	
Total refund from all pages – Fill on last page only; total column C value on CT-203 line 1, section 1								\$	