



Maine Revenue Services
Distributor's Cigarette Stamp
Order Blank



00

Registration Number

0518000

Period

____ - ____ - _____

1. Entity Information

2. **OUT OF BUSINESS?** Date closed: _____
3. **OWNERSHIP OR NAME CHANGE?** Date _____
Explanation _____
4. **SOLD?** Date _____

ADDRESS CHANGE? Make corrections above and check here

Do Not Use Red Ink!

	Type of Stamp	Stamps per Roll	Quantity of Stamps being ordered		Amount Due
Stamp Order	\$2.00	5,000	1. _____	@\$2.00 each	_____
	\$2.00	30,000	2. _____	@\$2.00 each	_____
	\$2.50	5,000	3. _____	@\$2.50 each	_____
Stamp Returns	Number of Stamps Returned		4. _____	Value of Stamps Returned	_____
Total Due	Total line 1 + line 2 + line 3 - line 4			5.	_____
Discount	Discount @ 1.15%			6.	_____
Amount Due	Line 5 minus line 6.			7.	_____
Credit Due	If line 5 minus line 6 is a credit amount, enter the amount to the right.			8.	_____

For Office Use Only

Order #	_____	Roll #	_____	to	_____
			_____	to	_____
Dist. by:	_____	Date	_____	to	_____
Checked by:	_____	Date	_____	to	_____
			_____	to	_____

Signature/Title

Print Name

Date

Phone #