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## Maine Revenue Services Tobacco Products Tax Return



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\*0919000\*

Registration No.

Period Begin

Period End

Due Date

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### 1. Entity Information

***Use this area only to report changes in your business***

2. **OUT OF BUSINESS?** Check here , return permit to Bureau and complete information at right. Date closed: \_\_\_\_\_
3. **OWNERSHIP CHANGE?** If you have changed ownership, indicate the date when this occurred here \_\_\_\_\_ and check the type of change below.
- Incorporated                       Partner added or dropped
- Other (explain on reverse)
- Sold to \_\_\_\_\_
4. **NAME CHANGE?** Attach explanation to this return.

**ADDRESS CHANGE?:** If your address above is incorrect, please make the appropriate changes to the preprinted address.

**Do Not Use Red Ink!**

<b>Smoking Tobacco</b>	Total Wholesale Price from Sch A	1. _____	Tax @ 20%	1A. _____
<b>Smokeless Tobacco</b>	Total Number of Containers from Sch B	2. _____	Tax @ \$2.02 per pkg	2A. _____
	Total Number of Ounces from Sch C	3. _____	Tax @ \$2.02 per ounce	3A. _____
<b>Total Due</b>	Total Tax	Add lines 1A through 3A		4. _____
<b>Credits</b>	Credit Carry Forward From Prior Period	5. _____		
<b>Amount Due</b>	Line 4 less line 5. Use line 7 if the result is a credit amount.			6. _____
<b>Credit Due</b>	If Line 4 less line 5 is a credit amount, enter the amount to the right. If you wish a refund rather than a carry forward to the next period, check here <input type="checkbox"/>			7. _____

**Please mail to: Maine Revenue Service, P.O. Box 1065, Augusta, ME 04332-1065**

Signature/Title

Print Name

Date

Phone #

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