

CIG

Maine Revenue Services Cigarette Stamp Order Form



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Registration Number

C

Period

MM DD YYYY

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
\$2.00	30,000	1. <input type="text"/>	@\$2.00 1a. <input type="text"/> . <input type="text"/>
\$2.50	5,000	2. <input type="text"/>	@\$2.50 2a. <input type="text"/> . <input type="text"/>
Total Ordered (Total line 1a. + line 2a.)			3. <input type="text"/> . <input type="text"/>
Discount @ 1.15% (Line 3 x .0115)			4. <input type="text"/> . <input type="text"/>
Total Due (Line 3 - line 4)			5. <input type="text"/> . <input type="text"/>

Print Name

Title

Submission Date

FOR OFFICE USE ONLY

Status

Conf/Ref#

Stamp #	Stamp #	Date
6. <input type="text"/>	to 6a. <input type="text"/>	Filled by: 9. <input type="text"/> 9a. <input type="text"/>
7. <input type="text"/>	to 7a. <input type="text"/>	
8. <input type="text"/>	to 8a. <input type="text"/>	Checked by: 10. <input type="text"/> 10a. <input type="text"/>