

# CIG

## Maine Revenue Services Cigarette Stamp Order Form



00

Registration Number

Period

MM DD YYYY

### 1. Entity Information

[Large empty box for 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. [ ]	@ \$2.00 1a. [ ]
\$2.50	5,000	2. [ ]	@ \$2.50 2a. [ ]
<b>Total Ordered</b> (Total line 1 + line 2)			3. [ ]
<b>Discount @ 1.15%</b> (Line 3 x .0115)			4. [ ]
<b>Total Due</b> (Line 3 - line 4)			5. [ ]

[ ] [ ] [ ] [ ]

Print Name Title Phone # Submission Date

### FOR OFFICE USE ONLY

[ ] [ ]

Status Conf/Ref#

Stamp #	Stamp #	Date
6. [ ]	to 6a. [ ]	Filled by: 9. [ ] 9a. [ ]
7. [ ]	to 7a. [ ]	
8. [ ]	to 8a. [ ]	Checked by: 10. [ ] 10a. [ ]