

CIG

Maine Revenue Services Cigarette Stamp Order Form

Registration Number

C



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