

TOB

Maine Revenue Services Tobacco Products Tax Return



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Registration No.

Period Begin

Period End

Due Date

T

1. Entity Information

2. **OUT OF BUSINESS?** Date closed: _____

3. **OWNERSHIP OR NAME CHANGE?** Date _____

Explanation _____

4. **SOLD?** Date _____

5. **Check here if this is an AMENDED return**

ADDRESS CHANGE? Make corrections above and check here

Smoking Tobacco

Total Wholesale Price from Sch A 1. _____ Tax @ 43% 1A. _____

Smokeless Tobacco

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 oz 3A. _____

Total Tax Add lines 1A through 3A 4. _____

Credits Credit Carry Forward From Prior Period 5. _____

Amount Due Line 4 less line 5. Use line 7 if the result is a credit amount. 6. _____

Credit Due If Line 4 less line 5 is a credit amount, enter the amount to the right. 7. _____

If you wish a refund rather than a carry forward to the next period, check here

Make check or money order payable to the STATE TREASURER and send your remittance with your return postmarked by the due date printed on the front of the return to **MAINE REVENUE SERVICES, P.O. BOX 1065, AUGUSTA, ME 04332-1065**. Please record your registration number on your check. Failure to file a return on or before the due date will result in interest and penalty charges. Billings will be issued shortly after the processing of your return. **A return must be filed even if there were no sales or purchases during the period.**

Signature/Title

Print Name

Date

Phone #