

TOB

Maine Revenue Services Tobacco Products Tax Return



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Registration No.

Period Begin

Period End

Due Date

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 1. . Tax @ 43% 1A. .

Smokeless Tobacco Total

Number of Containers 2. Tax @ \$2.02 per pkg 2A. . Total Number of Ounces 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.**

DECLARATION(S) UNDER THE PENALTIES OF PERJURY. I declare that I have examined this return/report/document and (if applicable) accompanying schedules and statements and to the best of my knowledge and belief they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature/Title

Print Name

Date

Phone #