

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 @ 75% 1A. .

Smokeless Tobacco

Total Number of Containers 2. Tax @ \$3.54 per pkg 2A. . Total Number of Ounces 3. . Tax @ \$3.54 per oz 3A. . **Total Tax** Add lines 1A through 3A 4. . **Credits** Credit for Exported Products 5. . Credit Carry forward from Prior Period 6. . **Amount Due** Line 4 less lines 5 and 6. Use line 8 if the result is a credit amount. 7. . **Credit Due** If Line 4 less lines 5 and 6 is a credit amount, enter the amount to the right. 8. . 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 Required. Any return, report or other document required to be filed pursuant to this Title must contain a declaration, in a form prescribed by the State Tax Assessor, that the statements contained in the return, report or other document are true and are made under the penalties of perjury. When a tax return is filed electronically by a taxpayer or with the taxpayer's permission, the filing of that return constitutes a sworn statement by the taxpayer, made under the penalties of perjury, that the tax liability shown on the return is correct.

Signature/Title

Print Name

Date

Phone #