



## Exempted Sales Refund Application

Business Name	License No.	Date
Principal or Agent Name		Phone
Address		Fax
City	State	Zip

### Instruction for form preparation

1. Prepare in duplicate. Submit the original to Montana Department of Revenue, Customer Intake Process, P.O. Box 1712, Helena, MT 59604-1712. Retain a duplicate in company file for field audit purposes.
2. Attach all copies of the CT-206 – Cigarette Tax Exemption Certificate referenced below.
3. Pursuant to 16-11-111(4), MCA a wholesaler who does not file a claim within one year of the shipment date forfeits the refund or credit.

Invoice number	Authorization number	Number of cartons (A)	Tax value / carton (B)	Total tax (A X B = C)	0.45% Discount (C X 0.0045 = D)	Total refund (C – D = E)
1.			20/Pk - \$17.00	\$	\$	\$
			25/Pk - \$21.25	\$	\$	\$
2.			20/Pk - \$17.00	\$	\$	\$
			25/Pk - \$21.25	\$	\$	\$
3.			20/Pk - \$17.00	\$	\$	\$
			25/Pk - \$21.25	\$	\$	\$
4.			20/Pk - \$17.00	\$	\$	\$
			25/Pk - \$21.25	\$	\$	\$
5.			20/Pk - \$17.00	\$	\$	\$
			25/Pk - \$21.25	\$	\$	\$
6.			20/Pk - \$17.00	\$	\$	\$
			25/Pk - \$21.25	\$	\$	\$
7.			20/Pk - \$17.00	\$	\$	\$
			25/Pk - \$21.25	\$	\$	\$
8.			20/Pk - \$17.00	\$	\$	\$
			25/Pk - \$21.25	\$	\$	\$
9.			20/Pk - \$17.00	\$	\$	\$
			25/Pk - \$21.25	\$	\$	\$
10.			20/Pk - \$17.00	\$	\$	\$
			25/Pk - \$21.25	\$	\$	\$
<b>Total 20/pack cartons .....</b>						
<b>Total 25/pack cartons .....</b>				<b>Total refund (total column E) .....</b>		<b>\$</b>