

Tobacco Product Tax Credit for Returned Products

Busin	iess Nai	me	License No.	Date						
Princi	ipal or A	gent Name	Phone							
Addre	ess		Fax							
City			State	Zip						
2. (Instruction for form preparation 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. Credit claimed on schedule A for merchandise returned to a manufacturer or destroyed due to age, damage in transit, etc., must be substantiated with copies of all credit memos from the manufacturer or an affidavit signed by the principal manager or owner.									
Sect	tion 1	-Tobacco product tax credit reconciliation								
	1.	Total tobacco products tax from manufacture control (total line 3, column A, schedule A)		\$						
	2.	Total moist snuff products tax from manufacture (total line 3, column B, schedule A)	e credit memos	\$						
	3.	Total add line 1 and line 2		\$						
	4.	Discount rate		0.015 (1.5%)						
	5.	Total tobacco product tax discount (multiply line	e 3 by line 4)	\$						
	6.	Tobacco product tax credit (subtract line 5 from	ı line 3)	\$						
		ereby swear and affirm under penalty of false sw d correct to the best of my knowledge.	rearing that the inforn	nation herein and attachments are true						
_	Pri	int Name of Principal or Agent	Date	Signature of Principal or Agent						

Schedule A – Tobacco products returned to manufacturer or destroyed

For the period of	
Business name	Phone

	Manufacturer		Date of	Credit memo	Value of other tobacco products on memo	Weight of moist snuff on memo (oz)
Name	Address	Phone	memo	ID	(A)	(B)
					\$	OZ
					\$	OZ
					\$	OZ
					\$	OZ
					\$	OZ
					\$	OZ
					\$	OZ
					\$	OZ
					\$	OZ
					\$	OZ
					\$	OZ
					\$	OZ
					\$	OZ
					\$	OZ
					\$	OZ
					\$	OZ
1. Total man	\$	OZ				
2. Tobacco p	0.50 (50%)	\$0.85 / oz				
3. Total man Total value	\$	\$				