



Cigarette Tax Exempt Sale Certificate

Business Name	License No.	Date
Seller 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. This form must be completed in its entirety.
3. The original form must accompany the form CT-205 – Cigarette Tax Report.
4. A copy of this form must accompany the form CT-207 – Wholesaler Refund Application.
5. The original form must be in possession of the driver of any private vehicle transporting unstamped cigarettes.

Section 1 – Type of Sale (Check One)

- | | |
|---|---|
| <input type="checkbox"/> Stamped Cigarette Sale by Wholesaler to Native American Retailer

<input type="checkbox"/> Unstamped Cigarette Sale Wholesaler to Wholesaler | <input type="checkbox"/> Unstamped Cigarette Sale by Wholesaler to Native American Retailer |
|---|---|

Section 2 – Purchaser Information

Business Name	Retailer Authorization Number		
Name of Tribe	Tribal Enrollment ID or Wholesaler License ID		
Address	City	State	Zip
Contact Name	Social Security or FEIN	Phone	

Section 3 – Cigarette Invoice Information

Delivery Date	Invoice Date	Invoice ID	200 Sticks Carton	250 Sticks Carton	Total Sticks

Print Name of Seller or Agent	Date	Signature of Principal or Agent
-------------------------------	------	---------------------------------

Print Name of Purchaser or Agent	Date	Signature of Purchaser or Agent
----------------------------------	------	---------------------------------