Department of Revenue Services State of Connecticut PO Box 2997 Hartford CT 06104-2997

TAX TYPE

Cigarette Inventory Report

AU-930

| - 3 |
|---|
| Packages of cigarettes on hand as of close of business |
| on March 14, 2003, that have an old Connecticut cigarette |
| tax stamp affixed |

| | CT Tax Registration Number |
|---|----------------------------|
| ; | g |
| | |
| • | License Number |
| | |
| | |
| | Federal Employer ID Number |
| | |

(Rev. 03/03)

Please change name and address if shown incorrectly below.

This report is to be filed by all

Licensed Cigarette
Distributors and Dealers

NO LATER THAN April 15, 2003

Inventory of Packages of Cigarettes, on Hand as of Close of Business on March 14, 2003, That Have an Old Connecticut Cigarette Tax Stamp Affixed. Report the number of packages of cigarettes (including those in cartons) on hand as of the close of business on March 14, 2003, that have a green \$1.11 Connecticut cigarette tax stamp (for packages of 20 cigarettes), or that have a blue \$1.3875 Connecticut cigarette tax stamp (for packages of 25 cigarettes), affixed. This inventory must also include promotional packages of cigarettes that have an old cigarette tax stamp affixed. If your business closes after 11:59 p.m. on March 14, 2003, your inventory must be taken as of 11:59 p.m. on March 14, 2003. You must immediately enter this information below, sign and date Form AU-930.

You must file **Form AU-930** with the Department of Revenue of Services (DRS) no later than April 15, 2003. **Form AU-930** must be filed whether or not you have cigarettes in your inventory as of the close of business on March 14, 2003, that have an old Connecticut cigarette tax stamp affixed. Failure to do so is sufficient cause to revoke your cigarette license. See **IP 2003(7)**, *Q & A on the Cigarette Tax Increase for Licensed Cigarette Dealers*, or **IP 2003(8)**, *Q & A on the Cigarette Tax Increase for Licensed Cigarette Distributors*, for more information. Keep a copy of your signed report on your premises for inspection by DRS agents. For additional information or assistance, call the Excise/Public Services Taxes Subdivision of the Audit Division at 860-541-3225, Monday through Friday, 8:00 a.m. to 5:00 p.m.

| | | Quantity | Tax Rate | Totals (Quantity multiplied by tax rate) |
|------------------|--|----------|-----------------|--|
| For packages | 1. Number of cartons (10 packages per carton) | | x \$4.00 | \$ |
| that contain | 2. Number of cartons (5 packages per carton) | | x \$2.00 | \$ |
| 20 cigarettes | 3. Number of single packages | | x \$0.40 | \$ |
| For packages | 4. Number of cartons (10 packages per carton) | | x \$5.00 | \$ |
| that contain | 5. Number of cartons (8 packages per carton) | | x \$4.00 | \$ |
| 25 cigarettes | 6. Number of single packages | | x \$0.50 | \$ |
| | 7. Total tax due (Add Lines 1 through 6) | \$ | | |
| | 8. Interest for late filing (Multiply Line 7 by 1% | \$ | | |
| | 9. Penalty for incomplete or late filed report | \$ | | |
| | 10. Total Amount Due (Add Lines 7, 8 and 9) Make your check or money order payable to: C | \$ | | |

Declaration: I declare under penalty of law that I have examined this report and, to the best of my knowledge and belief, it is true, complete, and correct. I understand that the penalty for willfully delivering a false document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

| Signature | | Date | |
|------------|-------|------|--------------|
| Print Name | Title | | Phone Number |