Department of Revenue Services
State of Connecticut
Excise/Public Services Taxes Subdivision
25 Sigourney Street
Hartford CT 06106
(Rev. 11/03)

Schedule C-1

Tobacco Products Tax

Record of snuff tobacco products exported out of Connecticut or sold to the federal government

Enter the total of Schedule C-1 on Line 2 of **Schedule A-3**, *Tobacco Products Tax - Resident Distributor - Snuff Tobacco Products Activity Report.*
Attach Schedule C-1 to **Form OP-300**, *Tobacco Products Tax Return.* **Prepare a separate Schedule C-1 for each state of destination.**

Name _____ Period Ending _____ CT Tax Registration Number _____

State of Destination _____

Invoice Date	**Invoice Number**	**Customer Name**	**Customer Address**	**City**	**State**	**ZIP Code**	**Brand Name**	**Quantity**	**Weight** each *(in ounces)*	**Total Weight** (Column 9 x 10)
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9	Column 10	Column 11

Report this amount on Line 2 of **Schedule A-3** **Total** _____