

SCHEDULE E - Part I

Roll-your-own Tobacco

Purchased, Acquired, or Shipped Into Connecticut During the Month

Read instructions for Part I and II carefully.

(Rev. 01/05)

This Schedule must be completed each month *unless you check the appropriate box on Form OP-300, Tobacco Products Tax Return*. As used in these instructions, *participating manufacturer* means a tobacco product manufacturer that is a signatory to the Master Settlement Agreement (MSA). For an up-to-date list of participating manufacturers, visit the internet web site of the National Association of Attorneys General at <http://www.naag.org> and click on "Tobacco Settlement Documents" and then "Participating Manufacturers and Brand Names under the MSA."

Distributor's Name _____ Connecticut Tax Registration Number ▶ _____

Distributor's Address _____ Month of ▶ _____ Year ▶ _____

Part I - Roll-Your-Own Tobacco Purchased Directly from Participating Manufacturer

Instructions

Report in this Part the total weight of roll-your-own tobacco you purchased (or had shipped to you in Connecticut) during the month and you purchased directly from a participating manufacturer; the name, address and Federal Employer Identification Number (FEIN) of the participating manufacturer; and the brands of roll-your-own tobacco. Complete all columns. Attach additional sheets if necessary.

| Participating Manufacturer's Name and Address | Participating Manufacturer's FEIN | Brand(s) of Roll-your-own Tobacco | Quantity | Net Weight of Each | Total Weight |
|---|-----------------------------------|-----------------------------------|----------|--------------------|--------------|
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|---|---|---|
| Line 1. Subtotal (For this page) | 1 | ▶ |
| Line 2. Total from attached <i>Schedule E</i> , Part I, additional sheet(s) (Number of Additional Sheet(s) _____) | 2 | ▶ |
| Line 3. Total Part I (Add Line 1 and Line 2.) | 3 | ▶ |
| Line 4. Total from Part II, Subpart A, Line 3 | 4 | ▶ |
| Line 5. Total from Part II, Subpart B, Line 3 | 5 | ▶ |
| Line 6. Total weight of roll-your-own tobacco (Add Lines 3, 4, and 5.) | 6 | ▶ |

