

Schedule E - Part I Roll-Your-Own Tobacco

Purchased, Acquired, or Shipped Into Connecticut During the Month

(Rev. 02/07)

Read instructions for Part I and II carefully.

You must complete Schedule E each month *unless you check the appropriate box on Form OP-300, Tobacco Products Tax Return*. Because you may only lawfully purchase and sell roll-your-own tobacco in brand families listed in the Connecticut Tobacco Directory, check the most recent update of the Connecticut Tobacco Directory and any email notifications from Department of Revenue Services (DRS) before purchasing and selling any roll-your-own tobacco and for an identification of a tobacco product manufacturer as either a participating manufacturer or a nonparticipating manufacturer. See **Informational Publication 2006(31)**, *Licensed Tobacco Products Distributor's Guide to Connecticut Tobacco Products Tax Laws and Other Tobacco Products-Related Laws*, for more information.

Distributor's Name _____ **Connecticut Tax Registration Number** ▶ _____

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

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

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

Participating Manufacturer's Name and Address	Participating Manufacturer's FEIN	Roll-Your-Own Tobacco Brand Family	Quantity	Net Weight of Each	Total Weight
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Line 1. Subtotal for this page	1	▶
Line 2. Total from attached Schedule E, 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	▶

Schedule E - Part II, Subpart A

Roll-Your-Own Tobacco

Purchased, Acquired, or Shipped Into Connecticut During the Month

Distributor's Name _____ CT Tax Registration Number ▶ _____

Distributor's Address _____ Month of ▶ _____

Part II—Roll-Your-Own Tobacco Products Not Purchased Directly From a Participating Manufacturer

Subpart A—Roll-Your-Own Tobacco Manufactured by a Participating Manufacturer but Not Purchased Directly From the Participating Manufacturer

Report in Subpart A the total weight of roll-your-own tobacco you purchased (or had shipped to you in Connecticut) during the month and that was manufactured by a participating manufacturer, but that was not purchased directly from the participating manufacturer; the name, address, and FEIN of the person from whom you purchased the roll-your-own tobacco (Supplier); and the brand families of the roll-your-own tobacco. Also report in Subpart A the name, address, and FEIN of the participating manufacturer. Complete all columns. Attach additional sheets if necessary. Because you may only lawfully purchase and sell roll-your-own tobacco in brand families listed in the Connecticut Tobacco Directory, check the most recent update of the Connecticut Tobacco Directory and any email notifications from DRS before purchasing and selling any roll-your-own tobacco. See **Informational Publication 2006(31)**, *Licensed Tobacco Products Distributor's Guide to Connecticut Tobacco Products Tax Laws and Other Tobacco Products-Related Laws*, for more information. Complete all columns. Attach additional sheets if necessary.

Supplier's Name, Address, and FEIN	Roll-Your-Own Tobacco Brand Family	Participating Manufacturer's Name, Address, and FEIN	Quantity	Net Weight of Each	Total Weight
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Line 1. Subtotal for this page	1	▶
Line 2. Total from attached Schedule E - Part II, Subpart A, Additional Sheet(s). Number of additional sheet(s) _____	2	▶
Line 3. Total weight of roll-your-own tobacco: Add Line 1 and Line 2. Enter total on Part I, Line 4.	3	▶

Schedule E - Part II, Subpart B

Roll-Your-Own Tobacco

Purchased, Acquired, or Shipped Into Connecticut During the Month

Distributor's Name _____ CT Tax Registration Number ► _____

Distributor's Address _____ Month of ► _____

Subpart B—Roll-Your-Own Tobacco Products Not Manufactured by a Participating Manufacturer

Report in Subpart B the total weight of roll-your-own tobacco you purchased (or had shipped to you in Connecticut) during the month and that was not manufactured by a participating manufacturer; the name, address, and FEIN of the person from whom you purchased the roll-your-own tobacco (Supplier); and the brand families of the roll-your-own tobacco. Also report in Subpart B the name, address, and FEIN of the nonparticipating manufacturer or first purchaser. Complete all columns. Attach additional sheets if necessary.

- A **nonparticipating manufacturer** is a person identified as a nonparticipating manufacturer in the Connecticut Tobacco Directory.
- A **first purchaser** is a person or other entity that is not a participating manufacturer and that is responsible for the roll-your-own tobacco being designated for sale in the United States where the roll-your-own tobacco was not originally intended by its manufacturer to be sold in the United States.

Supplier's Name, Address, and FEIN	Roll-Your-Own Tobacco Brand Family	Nonparticipating Manufacturer's or First Purchaser's Name, Address, and FEIN	Quantity	Net Weight of Each	Total Weight
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Line 1. Subtotal for this page	1	►
Line 2. Total from attached Schedule E - Part II, Subpart B, Additional Sheet(s). Number of additional sheet(s) _____	2	►
Line 3. Total weight of roll-your-own tobacco: Add Line 1 and Line 2. Enter total on Part I, Line 5.	3	►

Schedule E - Part II, Subpart B

Additional Sheet

Roll-Your-Own Tobacco Purchased, Acquired, or Shipped Into Connecticut During the Month

Supplier's Name, Address, and FEIN	Roll-Your-Own Tobacco Brand Family	Nonparticipating Manufacturer's or First Purchaser's Name, Address, and FEIN	Quantity	Net Weight of Each	Total Weight
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Subtotal					▶
Enter total for Part II, Subpart B - Additional Sheet(s) on Schedule E - Part II, Subpart B, Line 2.					