Department of Revenue Services
PO Box 5018
Hartford CT 06102-5018

Schedule A-1

(Rev. 05/09)

Tobacco Products Tax - Resident Distributor

Record of tobacco products excluding snuff tobacco products purchased, imported, received, or acquired in Connecticut

Name _____ Period ending _____

Address _____ CT Tax Registration Number _____

Enter the total of Schedule A-1 on Line 1 of **Form OP-300**, *Tobacco Products Tax Return*. Attach Schedule A-1 to the return.

Wholesale sales price means: In the case of a distributor which is the manufacturer of the tobacco products, the price set for these products or if no price has been set, the wholesale value of these products; in the case of a distributor that is not the manufacturer of the tobacco products, the price at which the distributor purchased the products.

Date Received	From Whom Purchased or Acquired	Seller's FEIN	Invoice Number	Wholesale Sales Price