Department of Revenue Services Walk-In Team - 5th Floor PO Box 2937 Hartford CT 06104-2937 (Rev. 10/15)

# **Form O-252**

# Order Form for Connecticut Cigarette Tax Stamps

Complete this form in black or blue ink only.

Distributor's name (type or print)						Connecticut Tax Registration Number		
Number and street						FEIN		
City or town State ZIP code						Department of Revenue Services (DRS) use only		
* **						Date of Purchase		
Authorizing sign	ature	Print na	ame and phone number	r		<b>.</b>		. / /
			-		•			
DRS Use Only				Indicate method of payment:			Paym	nent with order
Unit	Unit Se From	erial Numbers To	Denomination (Cigarettes per pack)	Quantity	Unit C	ost		Amount
▶ \$3.65	<b>&gt;</b>	<b>&gt;</b>	20 cigarettes (30,000 per roll)	<b>&gt;</b>	▶ \$3.65	<b>•</b>	1.	\$
▶ \$3.65	<b>&gt;</b>	<b>•</b>	20 cigarettes (150 per sheet)	<b>&gt;</b>	▶ \$3.65	•	2.	\$
<b>&gt;</b>	<b>&gt;</b>	<b>•</b>	Reserved for future use	<b>&gt;</b>	<b>•</b>	<b>•</b>	3.	
<b>▶</b> \$4.5625	<b>•</b>	<b>•</b>	25 cigarettes (100 per sheet)	<b>&gt;</b>	<b>▶</b> \$4.562	25 ►	4.	\$
<b>&gt;</b>	<b>•</b>	<b>•</b>	(100 per orices)	<b>&gt;</b>	<b>•</b>	<b>•</b>	5.	\$
<b>&gt;</b>	<b>&gt;</b>	<b>•</b>		<b>&gt;</b>	<b>&gt;</b>	<b>•</b>	6.	\$
			J		To	4=1 <b>L</b>		φ.
				Total ► 7. \$				
In case of a credit (returned stamps, etc.), check the appropriate box below on how to				Less 1% discount ► 8. \$				\$
				Net amount of tax ▶ 9. \$				\$
apply an overpayment to the account.  Credit			Amount paid for this order ▶			der <b>&gt;</b>	10.	\$
Refund				Balance due this invo			11.	\$
				N.	Make check paya	ble to Co	mmis	sioner of Revenue Services
								e customer payments must be 30 days of the purchase date.
0:	-1: -1:1:						,	terest will be added at the rate
Signature or per	rson receiving the	e stamps	Date			of 1% per month or fraction of a month on any portion that is unpaid 30 days after the purchase date.		
						P 4		
This section	must be comp	oleted and signed if s	stamps are to be sh	ipped.				
Indicate me	ethod of shipme	ent: 🔲 Fec	dEx <i>Priority</i>		FedEx Star	ndard		
	Account numb	oer:		Account number:				
stamps are r	not received by	the distributor, the	distributor remains I	butor is borne solely an iable for the balance du paid for the ordered sta	ie on this invoice	and any	demai	In the event that the ordered nd or claim against the State
Sign	nature of authoriz	zing officer		Print name and phone number				

## **Important**

**For all stamp purchases:** A copy of the order form will be returned with your stamp order. Reference the "DRS date of purchase" on all inquiries.

For payments: When remitting payment for a previous charge, reference the "DRS date of purchase" on the check or submit a copy of the completed order form with your payment. DRS may submit the check to your bank electronically.

Please send stamp purchase orders or payments to:

Department of Revenue Services Walk-In Team - 5th Floor PO Box 2937 Hartford CT 06104-2937

For Overnight Express Mail:

Department of Revenue Services Walk-In Team - 5th Floor 25 Sigourney St Ste 2 Hartford CT 06106

### For Further Information

Call DRS during business hours, Monday through Friday:

- 1-800-382-9463 (Connecticut calls outside the Greater Hartford calling area only); or
- 860-297-5962 (from anywhere).

TTY, TDD, and Text Telephone users only may transmit inquiries anytime by calling 860-297-4911.

### Forms and Publications

Visit the DRS website at **www.ct.gov/DRS** to download and print Connecticut tax forms and publications.