

**CIGARETTE WAREHOUSE
REPORT**



Tax Account Number
FEIN / SSN
Month Ending (MM DD YYYY)

Use BLACK INK Only

Legal Name		
Business Name (DBA)		
Permit/Business Address		
City	State	Zip Code

- Cancel my permit effective _____
(MM DD YYYY)
- Check if address, name, or entity change
- Check if this is an amended return
- Check if correspondence is included

Print numbers like this → 0123456789 Not like this → 0147 **NO COMMAS**

REPORT OF UNSTAMPED CIGARETTES IN WISCONSIN WAREHOUSE					
Total Single Cigarettes					
1	Name of Manufacturer				TOTAL
2	Beginning Inventory (Line 7 of the preceding month)				
3	Receivals				
4	TOTAL (Add Lines 2 and 3)				
5	Shipments				
6	Balance to Be Accounted for (Subtract Line 5 from Line 4)				
7	End of Month Physical Inventory				
8	Inventory Discrepancies Overage - When Line 7 exceeds Line 6 use negative sign in front of the amount on Line 8. Shortage - When Line 6 exceeds Line 7.				

DECLARATION: I declare under penalties of law that I have examined this return and all attachments and, to the best of my knowledge and belief, it is true, correct, and complete.

Signature of Permittee (or authorized agent)	Preparer's Name (please print or type)	Preparer's Phone Number ()	Date
--	--	--------------------------------	------

Mail your return to:
Wisconsin Department of Revenue
Mail Stop 5-107
PO Box 8900
Madison WI 53708-8900

Questions or need more forms?
Call (608) 266-8970 Fax (608) 261-7049
E-mail: excise@revenue.wi.gov
Website: www.revenue.wi.gov

INSTRUCTIONS

WHO MUST FILE THIS REPORT

All cigarette warehouse permittees located in Wisconsin who store unstamped cigarettes must file this report each month with the department.

DUE DATE

Your report is due 15 days after the close of the month. To be timely filed, a report must be postmarked by a United States Post Office on or before its due date and received by the department within five days of the due date.

RECORD KEEPING

You must keep a complete copy of your report and all records pertaining to your business for at least four years. The report must be kept at the permit location in a place and manner easily accessible for review by department representatives.

NAME/ADDRESS/OWNERSHIP CHANGES

Immediately notify the department in writing when your business undergoes any change to its name, address, or ownership.

ASSISTANCE AND FORMS

Information, forms, and assistance are available at our Madison office:

Mail Stop 5-107
PO Box 8900
Madison WI 53708-8900
(608) 266-8970
FAX: (608) 261-7049

or write to:

2135 Rimrock Road
Madison WI 53713
E-mail: excise@revenue.wi.gov

INTERNET ADDRESS

You can access the department's website at www.revenue.wi.gov.

From this website, you can:

- Complete electronic fill-in forms
- Download forms, schedules, instructions, and publications
- View answers to frequently asked questions
- E-mail us for assistance

HOW TO COMPLETE THIS REPORT

Line 1 Name of Cigarette Manufacturer. Identify all cigarette manufacturers for which you store unstamped cigarettes. If you store unstamped cigarettes for more than three cigarette manufacturers, attach an additional schedule providing the same information as requested on lines 2 through 8 on the Form CT-111. The "Total" column on your Form CT-111 must reflect activity for all of the cigarette manufacturers covered by your report.

Line 2 Beginning Inventory. In each column enter the inventory shown on Line 7 of your preceding month's Form CT-111.

Line 3 Receipts. Enter the total number of single cigarettes you received during the month from the various cigarette manufacturers. It is not necessary to submit schedules detailing your receipts. However, you are required to maintain records of receipts at your warehouse for examination by department personnel.

Line 5 Shipments. Enter the total number of single cigarettes by manufacturer that you shipped during the month to cigarette distributors, military installations, and veterans hospitals. It is not necessary to submit schedules detailing your shipments. However, you must keep records of shipments at your warehouse for review by department personnel.

Line 7 Ending Physical Inventory. At the end of each month, you must take a physical inventory of the unstamped cigarettes in your warehouse. On Line 7, enter the total number of unstamped cigarettes you have on hand per manufacturer based on your physical inventory.

Line 8 Inventory Discrepancies. If the number of cigarettes you enter on Lines 6 and 7 are not equal, you have an inventory discrepancy. To compute the amount of the discrepancy, subtract Line 7 from Line 6 in each column and enter the difference on Line 8. When Line 7 exceeds Line 6, use a negative sign in front of the amount on Line 8.