

Form **CT-114**

Wisconsin
Department of Revenue

**QUARTERLY REPORT
OF WISCONSIN TAX-PAID
CIGARETTES PURCHASED**



Tax Account Number
FEIN / SSN
Quarter 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

Permittees who receive only **tax-paid cigarettes with Wisconsin cigarette stamps affixed** must complete this report on a quarterly basis and file it with the Wisconsin Department of Revenue. **Express all purchases in single cigarettes not packs or cartons.**

A "multiple retailer" permittee (CMR or FCMR) must also prepare a separate report for each store location in Wisconsin. The reports must be attached to a cover sheet listing the following retailer information: Wisconsin sales tax account number, store name (DBA), address, and cigarette total for the quarter. Enter the grand total on line 16 of your cover sheet.

Line	Invoice		Purchased From			WISCONSIN STAMPED Single Cigarettes
	Date	Number	Name	Wis. Permit No. (F)CD or (F)CJ Enter 4-digit #	City	
1				_____		
2				_____		
3				_____		
4				_____		
5				_____		
6				_____		
7				_____		
8				_____		
9				_____		
10				_____		
11				_____		
12				_____		
13				_____		
14	SUBTOTAL (add lines 1 through 13)					
15	Amount brought forward from line 50 on the reverse side of this form					
16	GRAND TOTAL FOR QUARTER (add lines 14 and 15) Complete this line only on final page of report					

DECLARATION: I declare under penalties of law that I have examined this report 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
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If you have questions . . .

- Call (608) 266-8970
- Fax (608) 261-7049
- E-mail: excise@revenue.wi.gov

For reporting forms:

See Forms, Excise Tax, Cigarette
at www.revenue.wi.gov

Mail your completed report to:

Wisconsin Department of Revenue
Mail Stop 5-107
PO Box 8900
Madison WI 53708-8900

Line	Invoice		Purchased From			WISCONSIN STAMPED Single Cigarettes
	Date	Number	Name	Wis. Permit No. (F)CD or (F)CJ Enter 4-digit #	City	
17				_____		
18				_____		
19				_____		
20				_____		
21				_____		
22				_____		
23				_____		
24				_____		
25				_____		
26				_____		
27				_____		
28				_____		
29				_____		
30				_____		
31				_____		
32				_____		
33				_____		
34				_____		
35				_____		
36				_____		
37				_____		
38				_____		
39				_____		
40				_____		
41				_____		
42				_____		
43				_____		
44				_____		
45				_____		
46				_____		
47				_____		
48				_____		
49	If additional space is necessary to list all purchases, attach a schedule and enter the subtotal of those purchases on this line.					
50	SUBTOTAL - Add lines 17 through 49. Enter here and on line 15 on the front of this form.					