

CIGARETTE WAREHOUSE REPORT

Wisconsin Department of Revenue
 Post Office Box 8900
 Madison WI 53708-8900
 (608) 266-8970

Name			Wisconsin Permit Number CW- _____
d/b/a			Month of _____ Year _____
Address			Federal ID. Number _____-_____-_____
City	State	Zip	Permit Cancellation <input type="checkbox"/> Cancel my permit effective _____

Please read the instructions on the reverse side before completing this form. Prepare in duplicate. The original is to be filed with the department no later than the fifteenth day of the succeeding month. Retain duplicate for your records.

REPORT OF UNSTAMPED CIGARETTES IN WISCONSIN WAREHOUSE								
		TOTAL SINGLE CIGARETTES (000's Omitted)						
		COMMON WEALTH	LIGGETT & MEYERS	LORILLARD	PHILIP MORRIS	R.J. REYNOLDS	OTHER	TOTAL
1	BEGINNING INVENTORY (Line 6 of the preceding month)							
2	RECEIVALS							
3	TOTAL (Add Lines 1 and 2)							
4	SHIPMENTS							
5	BALANCE TO BE ACCOUNTED FOR (Subtract Line 4 from Line 3)							
6	END OF MONTH PHYSICAL INVENTORY							
7	INVENTORY DISCREPANCIES Overage - When Line 6 exceeds Line 5. Put brackets () around amount on Line 7. Shortage - When Line 5 exceeds Line 6.							

I declare under penalties of the law that I have examined the above information and to the best of my knowledge and belief, it is true, correct and complete.

PERMITTEE SIGN HERE	Signature of Officer or Authorized Agent	Preparer's Name (please print or type)	Preparer's Telephone Number	Date
			()	

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 OF REPORT

Your report must be filed with the department on or before the fifteenth day of the month following the month covered by the report.

RETAIN COPY OF YOUR REPORT

You should keep a complete and legible copy of your report for at least four years. It should be kept at the address shown on your permit and be easily accessible for review by department personnel.

NAME/ADDRESS/OWNERSHIP CHANGES

Immediate written notification is required when your business undergoes any change to its name, address or ownership.

WHERE TO FILE YOUR REPORT

Send your monthly report to:

Wisconsin Department of Revenue
Post Office Box 8900
Madison WI 53708-8900
Email: excise@revenue.wi.gov
Website: www.revenue.wi.gov

LINE-BY-LINE INSTRUCTIONS

Additional Cigarette Manufacturers — There are Six cigarette manufacturers noted on the front of this form. If you store unstamped cigarettes for other manufacturers, you must prepare a supplemental schedule for those manufacturers providing the same information requested on the

CT-111 (Lines 1 through 7). The “total” column on your CT-111 must reflect activity for all the cigarette manufacturers covered by your report.

- Line 1. Beginning Inventory. In each column enter the inventory shown on Line 6 of your preceding month’s CT-111.
- Line 2. Receipts. Enter the total number of single cigarettes you received during the month from the various cigarette manufacturers (000’s should be omitted). 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 4. Shipments. Enter the total number of single cigarettes by manufacturer that you shipped during the month to cigarette distributors, military installations and veterans hospitals (000’s should be omitted). 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 6. Ending Physical Inventory. At the end of each month you must take a physical inventory of the unstamped cigarettes in your warehouse. Then, on Line 6 enter the total number of unstamped cigarettes you have on hand per manufacturer based on your physical inventory.
- Line 7. Inventory Discrepancies. If the number of cigarettes you enter on Lines 5 and 6 are not equal, you have an inventory discrepancy. To compute the amount of the discrepancy, subtract Line 6 from Line 5 in each column and enter the difference on Line 7. When Line 6 exceeds Line 5, put brackets () around the discrepancy amount on Line 7.