

TT-114 Instructions: Quarterly Report of Wisconsin Tax-Paid Tobacco and Vapor Products Purchased

Introduction

Subjobbers may only receive tax-paid tobacco and vapor products from persons in Wisconsin holding a tobacco products distributor permit issued by the Wisconsin Department of Revenue.

Who Must Complete This Report

Subjobbers who purchase only tax paid tobacco and vapor products for sale to municipal-licensed tobacco products retailers must complete this report. Note: A Tobacco and Vapor Products Distributor permit is required prior to purchasing untaxed tobacco products from suppliers located outside Wisconsin.

Due Date

Complete and file this report on or before the 15th day of the next month following the close of each calendar quarter.

Filing Method

This schedule must be filed electronically through MyTaxAccount (MTA) or by using an approved XML schema.

How To Complete This Report

- Each transaction must be entered on a separate line. Be sure to provide all the information requested.
- Do not include cigarettes or nontobacco items (e.g., papers, pipes, lighters).

Line 23 Total for tobacco products. Enter the net combined total of tobacco products tax, purchases for the month (purchases less returns). Total for vapor products. Enter the net combined total of vapor products tax, purchases for the month (purchases less returns).

Record Keeping

Keep a complete copy of your report and all records used in preparing the report for a minimum of four years (sec. 139.83, Wis. Stats.). Records must be kept at the permit location, and in a place and manner easily accessible for review by department representatives.

Permit Updates

Notify the department in writing immediately when the business undergoes any change to its name, address or ownership.

If the business is sold or discontinued during the month, and you would like to cancel your permit, check the box on the electronic return indicating that the cigarette permit should be cancelled and not the effective date of cancellation. If the business was sold, please provide the name and address of the purchaser.

Permits are not transferable and must be returned to the mailing address below for cancellation. You must file a return for the month you cease operations reporting all transactions through that date.

Assistance

You can access the department's website 24 hours a day, 7 days a week, at revenue.wi.gov. From this website, you can:

- Access My Tax Account (MTA)
- Download instructions and publications
- View answers to common questions
- Email us for assistance

Physical Address
2135 Rimrock Road
Madison WI 53713

Mailing Address
Excise Tax Unit
WI Dept of Revenue
PO Box 8900
Madison WI 53708-8900

Phone: (608) 266-6701
Fax: (608) 261-7049
Email: DORExciseTaxpayerAssistance@wisconsin.gov
Website: revenue.wi.gov

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Read instructions before completing form.

| | | | |
|-------------------------|------------|-----------------------------|--|
| Tax Account Number | FEIN / SSN | Quarter Ending (MM DD YYYY) | |
| Legal Name | | | |
| Business Name (DBA) | | | |
| Permit/Business Address | | | |
| City | State | Zip Code | |

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

| Line No. | Invoice | | Purchased From | | Invoice Price for Tobacco Products | Invoice Price for Vapor Products |
|----------|---|--------|----------------|--------------------|------------------------------------|----------------------------------|
| | Date | Number | Name | Tax Account Number | | |
| 1 | | | | | .00 | .00 |
| 2 | | | | | .00 | .00 |
| 3 | | | | | .00 | .00 |
| 4 | | | | | .00 | .00 |
| 5 | | | | | .00 | .00 |
| 6 | | | | | .00 | .00 |
| 7 | | | | | .00 | .00 |
| 8 | | | | | .00 | .00 |
| 9 | | | | | .00 | .00 |
| 10 | | | | | .00 | .00 |
| 11 | | | | | .00 | .00 |
| 12 | | | | | .00 | .00 |
| 13 | | | | | .00 | .00 |
| 14 | | | | | .00 | .00 |
| 15 | | | | | .00 | .00 |
| 16 | | | | | .00 | .00 |
| 17 | | | | | .00 | .00 |
| 18 | | | | | .00 | .00 |
| 19 | | | | | .00 | .00 |
| 20 | | | | | .00 | .00 |
| 21 | Subtotals (add lines 1 through 20) | | | | .00 | .00 |
| 22 | Subtotals brought forward from additional sheets | | | | .00 | .00 |
| 23 | Total price of all tax-paid tobacco and vapor products purchased (add lines 21 and 22) ▶ | | | | .00 | .00 |

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.

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