



# Cigarette and Other Tobacco Products Excise Tax Return

Received Date

Reports must be filed by the last day of the calendar month following importation, or no later than the first day City Hall is open for regular business. A postmark will be accepted as proof of timely filing

Business Name \_\_\_\_\_

Account Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact Number \_\_\_\_\_

Contact Email \_\_\_\_\_

Period ending: Month \_\_\_\_\_ Year \_\_\_\_\_

Amended Report

**1. Total carried forward from Supporting Schedules:** \_\_\_\_\_ (1)

a. Number of cigarettes manufactured, imported or acquired during the month (a) \_\_\_\_\_

b. Less deductions for sales to Registrants (see instructions) (b) \_\_\_\_\_

c. Less other deductions (see instructions) (c) \_\_\_\_\_

**2. Tax @ 100 mills per cigarette (Multiply line 1 by 0.10)** \_\_\_\_\_ (2)

**3. Totals carried forward from Supporting Schedules:** \_\_\_\_\_ (3)

a. Wholesale price of OTP manufactured, imported or acquired during the month (a) \_\_\_\_\_

b. Less deductions for sales to Registrants (see instructions) (b) \_\_\_\_\_

c. Less other deductions (see instructions) (c) \_\_\_\_\_

**4. Tax @ 45% (Multiply line 3 by 0.45)** \_\_\_\_\_ (4)

**5. Total cigarette and OTP tax due (Add lines 2 and 4)** \_\_\_\_\_ (5)

**6. Penalty (10% of tax due)** \_\_\_\_\_ (6)

**7. Interest (6% per annum from date of delinquency)** \_\_\_\_\_ (7)

**8. Total Due (add lines 5 through 7)** \_\_\_\_\_ (8)

**9. Adjustments from the previous month (credits / amendments)** \_\_\_\_\_ (9)

**10. Total amount Due (Subtract line 9 from 8)** \_\_\_\_\_ (10)

**11. Total Amount Remitted** \_\_\_\_\_ (11)

I declare, subject to the penalties prescribed in the City of Dillingham ordinances, that this report (including any accompany log) has been examined by me, and to the best of my knowledge and belief is a true, correct and complete report

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Office Use Only  Visa  Cash  
Agent Initials \_\_\_\_\_ Postmark Date \_\_\_\_\_ Enter Date \_\_\_\_\_ Check # \_\_\_\_\_  
Over / Short (Circle One): \_\_\_\_\_ Credit  Invoice  Comments: \_\_\_\_\_