



**Minnesota Distributors
CT201-I, Cigarette Inventory**

Attachment #6

Check if certified inventory: ☐

Licensee _____	Address _____	Minnesota Tax ID Number _____	Period of Return (mo/yr) _____
----------------	---------------	-------------------------------	--------------------------------

Stamps	# of Stamps	Value of Stamps
	1 Stamps	
	Regular 20s _____ x \$ 3.703 = _____	
	Regular 25s _____ x 4.62875 = _____	
	Native American 20s _____ x 3.703 = _____	
	Native American 25s _____ x 4.62875 = _____	
Total value of Minnesota stamps (also enter on CT201-R, line 5) 1 \$ _____		

Unstamped and Other-State Stamped	Unstamped Cigarettes		# of Cartons		# of Cigarettes
	2	a. Non-fee brands (20s) _____	x 200 =	2a _____	
		b. Fee brands (20s) _____	x 200 =	2b _____	
		Total cartons <input type="text"/>		Total cigarettes 2 _____	
	3	a. Non-fee brands (25s) _____	x 200 =	3a _____	
		b. Fee brands (25s) _____	x 200 =	3b _____	
		Total cartons <input type="text"/>		Total cigarettes 3 _____	
	4	a. Non-fee brands (25s) _____	x 250 =	4a _____	
		b. Fee brands (25s) _____	x 250 =	4b _____	
		Total cartons <input type="text"/>		Total cigarettes 4 _____	
Other-State Stamped Cigarettes					
5	a. Non-fee brands (20s) _____	x 200 =	5a _____		
	b. Fee brands (20s) _____	x 200 =	5b _____		
	Total cartons <input type="text"/>		Total cigarettes 5 _____		
6	a. Non-fee brands (25s) _____	x 200 =	6a _____		
	b. Fee brands (25s) _____	x 200 =	6b _____		
	Total cartons <input type="text"/>		Total cigarettes 6 _____		
7	a. Non-fee brands (25s) _____	x 250 =	7a _____		
	b. Fee brands (25s) _____	x 250 =	7b _____		
	Total cartons <input type="text"/>		Total cigarettes 7 _____		
8 Total unstamped and other-state stamped cigarettes (total of lines 2 through 7) 8 _____					

Minnesota Stamped	Minnesota Stamped Cigarettes (including unsaleable)				
			# of Cartons		# of Cigarettes
	Regular				
	9	a. Non-fee brands (20s) _____	x 200 =	9a _____	
		b. Fee brands (20s) _____	x 200 =	9b _____	
		Total cartons <input type="text"/>		Total cigarettes 9 _____	
	10	a. Non-fee brands (25s) _____	x 200 =	10a _____	
		b. Fee brands (25s) _____	x 200 =	10b _____	
		Total cartons <input type="text"/>		Total cigarettes 10 _____	
	11	a. Non-fee brands (25s) _____	x 250 =	11a _____	
	b. Fee brands (25s) _____	x 250 =	11b _____		
	Total cartons <input type="text"/>		Total cigarettes 11 _____		

Licensee	Address	Minnesota Tax ID Number	Period of Return (mo/yr)
----------	---------	-------------------------	--------------------------

Native American

Minnesota Stamped, cont.			# of Cartons				# of Cigarettes	
	12	a. Non-fee brands (20s)		x	200	=	12a	
		b. Fee brands (20s)		x	200	=	12b	
		Total cartons					Total cigarettes	12
	13	a. Non-fee brands (25s)		x	200	=	13a	
		b. Fee brands (25s)		x	200	=	13b	
		Total cartons					Total cigarettes	13
	14	a. Non-fee brands (25s)		x	250	=	14a	
		b. Fee brands (25s)		x	250	=	14b	
		Total cartons					Total cigarettes	14
	15	Total Minnesota stamped cigarettes (add lines 9 through 14)						15

Must be signed and certified by an officer or owner.
I certify that the above inventory has been examined by me and is true and correct to the best of my knowledge.

Sign Here	Authorized Signature of Officer or Owner	Title	Date	Daytime Phone