



# Nonresident Distributors

## CT401-I, Cigarette Inventory

Attachment #4

Check if certified inventory: ☐

Licensee	Address	Minnesota Tax ID Number	Period of Return (mo/yr)
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	# of Stamps	Value of Stamps
<b>Stamps</b>	<b>1 Minnesota stamps</b>	
	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 CT401-R, line 5) . . . . .		<b>1 \$</b> _____

	# of Cartons	Value of Cigarettes
<b>Minnesota Stamped Cigarettes</b>	<b>Minnesota Stamped Cigarettes</b> (including unsaleable)	
	<b>Regular</b>	
	<b>2 a. Non-fee brands (20s - 200 ct)</b> _____ x \$37.03 = <b>2a</b> _____	
	<b>b. Fee brands (20s - 200 ct)</b> _____ x 37.03 = <b>2b</b> _____	
	Total cartons <input type="text"/> _____	Total value . . . . . <b>2 \$</b> _____
	<b>3 a. Non-fee brands (25s - 200 ct)</b> _____ x \$37.03 = <b>3a</b> _____	
	<b>b. Fee brands (25s - 200 ct)</b> _____ x 37.03 = <b>3b</b> _____	
	Total cartons <input type="text"/> _____	Total value . . . . . <b>3 \$</b> _____
	<b>Native American</b>	
	<b>4 a. Non-fee brands (20s - 200 ct)</b> _____ x \$37.03 = <b>4a</b> _____	
<b>b. Fee brands (20s - 200 ct)</b> _____ x 37.03 = <b>4b</b> _____		
Total cartons <input type="text"/> _____	Total value . . . . . <b>4 \$</b> _____	
<b>5 a. Non-fee brands (25s - 200 ct)</b> _____ x \$37.03 = <b>5a</b> _____		
<b>b. Fee brands (25s - 200 ct)</b> _____ x 37.03 = <b>5b</b> _____		
Total cartons <input type="text"/> _____	Total value . . . . . <b>5 \$</b> _____	
<b>6 Value of non-fee brands (add lines 2a, 3a, 4a and 5a; also enter on CT401-R, line 10B) . . . . .</b>		<b>6 \$</b> _____
<b>7 Value of fee brands (add lines 2b, 3b, 4b and 5b; also enter on CT401-R, line 10C) . . . . .</b>		<b>7 \$</b> _____
<b>8 Total value of Minnesota stamped cigarettes (add lines 6 and 7; also enter on CT401-R, line 10D) . . . . .</b>		<b>8 \$</b> _____

<b>Sign Here</b>	Must be signed and certified by an officer or owner.		
	<i>I certify that the above inventory has been examined by me and is true and correct to the best of my knowledge.</i>		
	Authorized Signature of Officer or Owner	Title	Date