



Exempted Sales Refund Application

CT-207
V2 1/2005

Business Name	License Number	Date
Principal or Agent Name		Phone
Address		Fax
City	State	ZIP

Instruction for form preparation

1. Prepare in duplicate. Submit the original to Montana Department of Revenue, Customer Intake Process, P.O. Box 1712, Helena, MT 59604-1712. Retain a duplicate in company file for field audit purposes.
2. Attach all copies of the CT-206 – Cigarette Tax Exemption Certificate referenced below.
3. Pursuant to [16-11-111\(4\), MCA](#) a wholesaler who does not file a claim within one year of the shipment date forfeits the refund or credit.

Invoice Number	Authorization Number	Number of Cartons (A)	Tax Value/ Carton (B)	Total Tax (A X B = C)	0.45% Discount (C x 0.0045 = D)	Total Refund (C - D = E)
1.			20/Pk - \$17.00	\$	\$	\$
			25/Pk - \$21.25	\$	\$	\$
2.			20/Pk - \$17.00	\$	\$	\$
			25/Pk - \$21.25	\$	\$	\$
3.			20/Pk - \$17.00	\$	\$	\$
			25/Pk - \$21.25	\$	\$	\$
4.			20/Pk - \$17.00	\$	\$	\$
			25/Pk - \$21.25	\$	\$	\$
5.			20/Pk - \$17.00	\$	\$	\$
			25/Pk - \$21.25	\$	\$	\$
6.			20/Pk - \$17.00	\$	\$	\$
			25/Pk - \$21.25	\$	\$	\$
7.			20/Pk - \$17.00	\$	\$	\$
			25/Pk - \$21.25	\$	\$	\$
8.			20/Pk - \$17.00	\$	\$	\$
			25/Pk - \$21.25	\$	\$	\$
9.			20/Pk - \$17.00	\$	\$	\$
			25/Pk - \$21.25	\$	\$	\$
10.			20/Pk - \$17.00	\$	\$	\$
			25/Pk - \$21.25	\$	\$	\$
Total 20/pack cartons						\$
Total 25/pack cartons			Total refund (total column E)			