DEPARTMENT OF REVENUE

Nonresident Distributors CT401-I, Cigarette Inventory

			Adiana and a Tau	ID Number	Check if certified inventory:
ensee	Address		Minnesota Ta	K ID Number	Period of Return (mo/yr)
1.1	Vinnacata stamps	# of Stamps		Value of Stamps	
1	Vinnesota stamps	x	¢2770 –		
8	Regular 20s Regular 25s	X			
	Native American 20s	^ X			
י	Native American 25s	^ X			
1	Fotal value of Minnesota stamps (a)				
Minr	nesota Stamped Cigarettes (includi	ng unsaleable)			
		# of Cartons		Value of Cigaret	ttes
Regu	ılar				
2 a	a. Non-fee brands (20s - 200 ct)	X	\$37.79 = 2	2a	
ł	o. Fee brands (20s - 200 ct)	x	37.79 = 2	!b	
	Total cartons		Т	otal value	2\$
3 a	a. Non-fee brands (25s - 200 ct)	x	\$37.79 = 3	la	
<mark>i</mark> g t	o. Fee brands (25s - 200 ct)	X	37.79 = 3	lb	
Nativ A a anambed cigarences	Total cartons		Т	otal value	3 \$
Nativ	ve American				
4 4 a	a. Non-fee brands (20s - 200 ct)	X	\$37.79 = 4	la	
l b	o. Fee brands (20s - 200 ct)	X	37.79 = 4	lb	
no sa L	Total cartons		Т	otal value	
2 5 á	a. Non-fee brands (25s - 200 ct)	x	\$37.79 = 5	ia	
ł	o. Fee brands (25s - 200 ct)	X	37.79 = 5	ib	
	Total cartons		T	otal value	5\$
6 \	/alue of non-fee brands (add lines 2	a, 3a, 4a and 5a; also ente	r on CT401-R, lir	ne 10B)	6\$
7 \	/alue of fee brands (add lines 2b, 3)	b, 4b and 5b; also enter on (CT401-R, line 10	IC)	7 \$
8 1	Fotal value of Minnesota stamped	cigarettes (add lines 6 and	7; also enter on	CT401-R, line 10D).	8 \$
				, ,	
Mus	t be signed and certified by an offic	er or owner.			
<i>I cer</i> Autho	tify that the above inventory ho	s been examined by me	and is true and	l correct to the be	est of my knowledge.
Autho	rized Signature of Officer or Owner	Title			Date



Attachment #4