



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

Attachment #6

Check if certified inventory:

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

		# of Stamps			Value of Stamps
Stamps	1 Stamps				
	Regular 20s	_____	x	\$ 3.826	= _____
	Regular 25s	_____	x	4.78250	= _____
	Native American 20s	_____	x	3.826	= _____
	Native American 25s	_____	x	4.78250	= _____
	Total value of Minnesota stamps (also enter on CT201-R, line 5)				1 \$ _____

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

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

Sign Here

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.

Authorized Signature of Officer or Owner	Title	Date	Daytime Phone
_____	_____	_____	_____