



ENTER NEGATIVE NUMBERS LIKE THIS → -1000

NOT LIKE THIS → (1000)

NO COMMAS

**SECTION 2 COMPUTATION OF AMOUNT DUE**

16. Gross value of Wisconsin stamps purchased (from line 2) . . . . .	<b>16</b>	_____	.00
17. Less bad debt cigarette tax deduction (from CT-117, column G, line 17). . . . .	<b>17</b>	_____	.00
18. Add bad debt cigarette tax repayment (attach schedule and explanation). . . . .	<b>18</b>	_____	.00
19. NET AMOUNT (add line 16 and line 18 and subtract line 17) . . . . .	<b>19</b>	_____	.00
20. Less 0.7% discount (multiply line 19 by .007) . . . . .	<b>20</b>	_____	.00
21. NET CIGARETTE TAX (subtract line 20 from line 19) . . . . .	<b>21</b>	_____	.00
22. Total printing costs (from CT-104, column C, line 19) . . . . .	<b>22</b>	_____	.00
23. TOTAL AMOUNT DUE - (add lines 21 and 22, if result is greater than or equal to zero) .	<b>23</b>	_____	.00
24. TOTAL REFUND CLAIMED - (add lines 21 and 22, if result is less than zero) . . . . .	<b>24</b>	_____	.00

**SECTION 3 MASTER SETTLEMENT AGREEMENT REPORTING**

25. Do you have any Master Settlement Agreement (MSA) reporting requirements for Non-Participating Manufacturers products for this period? . . . . . **25**     Yes     No  
 If yes, complete Form CT-101.

Check here if your required MSA e-mail address has changed. New address \_\_\_\_\_

**DECLARATION:** I declare under penalties of law that I have examined this return and all attachments and to the best of my knowledge and belief, it is true, correct and complete.

Signature of Permittee (or authorized agent)	Preparer's Name (please print or type)	Preparer's Phone Number (      )	Date
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**This form must be filed electronically at [www.revenue.wi.gov/html/cigtob1.html](http://www.revenue.wi.gov/html/cigtob1.html).**

**For questions contact us at:**

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 Wisconsin Department of Revenue  
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