

CT-114: QUARTERLY REPORT OF WISCONSIN TAX-PAID CIGARETTES PURCHASED

Tax Account Number
FEIN / SSN
Quarter Ending (MM DD YYYY)

Use BLACK INK Only

Legal Name		
Business Name (DBA)		
Permit/Business Address		
City	State	Zip Code

- Cancel my permit effective _____
(MM DD YYYY)
- Check if address, name, or entity change
- Check if this is an **amended** return
- Check if correspondence is included

Permittees who receive only **tax-paid cigarettes with Wisconsin cigarette stamps affixed** must complete this report on a quarterly basis and file it electronically with the Wisconsin Department of Revenue. **Enter all purchases as single cigarettes not packs or cartons.**

A "multiple retailer" permittee must also prepare a separate report for each store location in Wisconsin. The reports must be attached to a cover sheet listing the following retailer information: Wisconsin sales tax account number, store name (DBA), address, and cigarette total for the quarter. Enter the grand total on line 16 of your cover sheet.

Line	Invoice		Purchased From		WISCONSIN STAMPED Single Cigarettes
	Date	Number	Name	Tax Account Number	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14	SUBTOTAL (add lines 1 through 13)				
15	Amount brought forward from line 50 on the reverse side of this form				
16	GRAND TOTAL FOR QUARTER (add lines 14 and 15) Complete this line only on final page of report ►				

DECLARATION: I declare under penalties of law that I have examined this report 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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For questions . . .

- Phone: (608) 266-8970
- Fax: (608) 261-7049
- E-mail: excise@revenue.wi.gov

or write:

Excise Tax Section 6-107
Wisconsin Department of Revenue
PO Box 8900
Madison WI 53708-8900

Form is located at:

www.revenue.wi.gov/html/cigtob1.html

Line	Invoice		Purchased From		WISCONSIN STAMPED Single Cigarettes
	Date	Number	Name	Tax Account Number	
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
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41					
42					
43					
44					
45					
46					
47					
48					
49	If additional space is necessary to list all purchases, attach a schedule and enter the subtotal of those purchases on this line.				
50	SUBTOTAL - Add lines 17 through 49. Enter here and on line 15 on the front of this form.				