

CT-104 INSTRUCTIONS - MONTHLY SCHEDULE OF PURCHASES AND ENDING INVENTORY OF UNAFFIXED WISCONSIN CIGARETTE STAMPS

WHO MUST COMPLETE THIS SCHEDULE

All Wisconsin cigarette permittees who are authorized to purchase and affix Wisconsin cigarette tax stamps must complete this schedule and file it with their monthly Wisconsin cigarette tax return (Form CT-100 if an in-state permittee, or Form CT-105 if an out-of-state permittee).

DUE DATE

This schedule (if required) is due 15 days after the close of the month as an attachment to Form CT-100 or CT-105.

FILING METHOD

This schedule must be filed electronically using an approved XML schema or the Adobe LiveCycle fill-in form located at revenue.wi.gov/html/cigtob1/html.

TAKING INVENTORY

For purposes of completing this schedule and your monthly tax return, you should simultaneously inventory your unaffixed stamps, unstamped cigarettes (including cigarettes with another state's stamps affixed), and those with a Wisconsin stamp. You should take this inventory at the close of business on the last day of the month.

COMPLETING THIS SCHEDULE

Separate columns have been provided for you to enter tribal stamps that must be affixed to all packs of cigarettes sold to retail stores located on reservation/trust lands in Wisconsin as authorized by Native American Tribal councils.

Line 1 In columns D through G; enter the number of unaffixed stamps on hand at the beginning of business on the first day of the month. These amounts should agree with line 24 of the previous month's schedule. Enter the gross value of these stamps in column H.

Lines 2-18 Enter the individual purchases of cigarette stamps RECEIVED DURING THE MONTH. For each purchase, enter the date received (column A), the corresponding department issue date (column B), the printing costs (column C), and the number of stamps received for each type of stamp denomination (columns D through G). Refer to the stamp purchase orders (Form CT-108) when preparing this schedule. Enter the value of the stamps received in column H (total gross value before any discounts).

Line 19 Add lines 2 through 18 in columns C through H, and enter the totals on line 19. Then transfer the information to the monthly return as indicated below:

<u>From</u>	<u>To:</u>	In-state Permittees (Form CT-100)	Out-of-state Permittees (Form CT-105)
Form CT-104, col. C, line 19		line 21	line 22
Form CT-104, col. H, line 19		line 15	line 2

Line 20 Add lines 1 and 19 in columns D through H, and enter the totals on line 20.

Line 21 Enter the number of unaffixed stamps that were returned, lost or destroyed during the month in columns D through G, along with a brief explanation in the space provided. NOTE: When claiming a deduction for defective stamps returned to the department for replacement, report the replacement stamps as purchases on lines 2 through 18 when received. Enter the **total gross value** of returned, lost, or destroyed stamps in column H. Transfer the information to the monthly return as indicated below:

<u>From</u>	<u>To:</u>	In-state Permittees (Form CT-100)	Out-of-state Permittees (Form CT-105)
Form CT-104, col. H, line 21		not used	line 6

Line 22 Subtract line 21 from line 20 in columns D through H, and enter the differences on line 22. Then complete line 24.

Line 24 Enter the number of unaffixed stamps on hand at the close of business on the last day of the month in columns D through G. Enter the gross value of these stamps in column H. Transfer the information to the monthly return as indicated below:

<u>From</u>	<u>To:</u>	In-state Permittees (Form CT-100)	Out-of-state Permittees (Form CT-105)
Form CT-104, col. H, line 24		not used	line 9

Line 23 Enter the number and gross value of stamps used during the month by subtracting line 24 from line 22 in columns D through H. Transfer the information to the monthly return as indicated below:

<u>From</u>	<u>To:</u>	In-state Permittees (Form CT-100)	Out-of-state Permittees (Form CT-105)
Form CT-104, col. H, line 23		line 12	not used

RECORD KEEPING

Keep a complete copy of the return, including this schedule, and all records pertaining to your business for a minimum of five years. The records must be kept at the permit location and in a place and manner easily accessible for review by department representatives.

ASSISTANCE

You can access the department's website 24 hours a day, 7 days a week, at revenue.wi.gov. From this website, you can:

- Access *My Tax Account* (MTA)
- Complete electronic fill-in forms
- Download forms, schedules, instructions, and publications
- View answers to commonly asked questions
- Email us for assistance

Physical Address

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Phone: (608) 266-6701

Fax: (608) 261-7049

Email: excise@revenue.wi.gov

Mailing Address

Excise Tax Unit
Wisconsin Department of Revenue
PO Box 8900
Madison WI 53708-8900

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(file with Form CT-100 or CT-105)

Please read the instructions before completing this form.

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Name			Tax Account Number		Month/Year (mm yyyy)		
			STAMP DENOMINATIONS (number of stamps)				<i>Column H</i> GROSS VALUE OF STAMPS <i>(columns D-G)</i>
			REGULAR		TRIBAL		
			<i>Column D</i> 25's	<i>Column E</i> 20's	<i>Column F</i> 25's	<i>Column G</i> 20's	
1	PHYSICAL INVENTORY FIRST OF THE MONTH					\$	
	Stamp Purchases						
	<i>Column A</i> Date Received	<i>Column B</i> Issue Date					<i>Column C</i> Printing Costs
2			\$			\$	
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19	Total (add lines 2 through 18)		\$			\$	
20	Total Available (add lines 1 and 19)					\$	
21	Less: returned, lost or destroyed stamps (please explain)					\$	
22	Net Available (line 20 less line 21; complete line 24 next)					\$	
23	Stamps Used (line 22 less line 24)					\$	
24	PHYSICAL INVENTORY END OF THE MONTH					\$	

Sample Form