



QUARTERLY REPORT OF WISCONSIN TAX-PAID CIGARETTES PURCHASED

Mail your completed report to:
 Wisconsin Department of Revenue
 Mail Stop 5-107
 PO Box 8900
 Madison WI 53708-8900
 (608) 266-8970

Report for Quarter/Year Ending: March 31, _____ Sept. 30, _____
 June 30, _____ Dec. 31, _____

Name (as shown on your permit)			Wisconsin Permit Number CJ - _____ CV - _____		Permit Cancellation: <input type="checkbox"/> Cancel my permit effective _____ Indicate reason for cancellation: <input type="checkbox"/> Discontinued <input type="checkbox"/> Owner deceased <input type="checkbox"/> Incorporated <input type="checkbox"/> Partner added/dropped <input type="checkbox"/> Sold to _____ Check box if: <input type="checkbox"/> Name change <input type="checkbox"/> Address change Advise us in writing when you cease operating or have any change to your name, address or ownership.
dba			(F)CMR - _____		
Address			Total WI Locations: _____ Total Out-of-State Locations: _____		
City	State	Zip Code	Your Federal Employer ID No. (and SSN# if sole proprietor): FEIN → SSN →		

Permittees who receive **only tax-paid cigarettes with Wisconsin cigarette stamps affixed** must complete this report on a quarterly basis and file it with the Wisconsin Department of Revenue. The report is due on or before the 15th day of the month following the end of the quarter and must be filed even when you do not have any transactions during a quarter. A \$10 penalty applies to each report that is filed late. Keep a copy of this report in your records for at least 4 years. **Express all purchases in single cigarettes not packs or cartons.**

A "multiple retailer" permittee (CMR or FCMR) must also prepare a separate report for each store location in Wisconsin. The reports must be attached to a cover sheet listing the following permittee information: Wisconsin seller's permit number, store name (d/b/a), address, and cigarette total for the quarter. Enter the grand total on line 20 of your cover sheet.

Line	Invoice		Purchased From	Wis. Permit No. (F)CD or (F)CJ Enter 4 digit #	City	WISCONSIN STAMPED Single Cigarettes
	Number	Date				
1				_____		(000)
2				_____		
3				_____		
4				_____		
5				_____		
6				_____		
7				_____		
8				_____		
9				_____		
10				_____		
11				_____		
12				_____		
13				_____		
14				_____		
15				_____		
16				_____		
17				_____		
18	SUBTOTAL (add lines 1 through 17)					
19	Amount brought forward from line 56 on the reverse side of this form					
20	GRAND TOTAL FOR QUARTER (add lines 18 & 19). 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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If you have questions . . .

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

For reporting forms, see Excise Tax, Cigarette

at . . . www.revenue.wi.gov

Line	Invoice		Purchased From	Wis. Permit No. (F)CD or (F)CJ Enter 4 digit #	City	WISCONSIN STAMPED Single Cigarettes		
	Number	Date					(000)	
21				_____				
22				_____				
23				_____				
24				_____				
25				_____				
26				_____				
27				_____				
28				_____				
29				_____				
30				_____				
31				_____				
32				_____				
33				_____				
34				_____				
35				_____				
36				_____				
37				_____				
38				_____				
39				_____				
40				_____				
41				_____				
42				_____				
43				_____				
44				_____				
45				_____				
46				_____				
47				_____				
48				_____				
49				_____				
50				_____				
51				_____				
52				_____				
53				_____				
54				_____				
55	If additional space is necessary to list all your purchases, attach a schedule and enter the subtotal of those purchases on this line.							
56	SUBTOTAL - Add lines 21 through 55. Enter here and on line 19 on the front of this form.							