

TT-114 Instructions – Quarterly Report of Wisconsin Tax-Paid Tobacco Products Purchased

INTRODUCTION

Subjobbers may only receive tax-paid tobacco products from persons in Wisconsin holding a tobacco products distributor permit issued by the Wisconsin Department of Revenue.

WHO MUST COMPLETE THIS SCHEDULE

Subjobbers who purchase only tax paid tobacco products for sale to municipal-licensed tobacco products retailers must complete this report. **Note:** A Tobacco Products Distributor permit is required prior to purchasing untaxed tobacco products from suppliers located outside Wisconsin.

DUE DATE

Complete and file this report on or before the 15th day of the next month following the close of each calendar quarter.

FILING METHOD

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

HOW TO COMPLETE THIS SCHEDULE

- Each transaction must be entered on a separate line. Be sure to provide all the information requested.
- Do not include cigarettes or nontobacco items (e.g., papers, pipes, lighters).

Line 24 Total. Enter the net combined total of tobacco products tax, purchases for the month (purchases less returns).

RECORD KEEPING

Keep a complete copy of your report and all records used in preparing the report for a minimum of four years (sec. 139.83, Wis. Stats.). 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 common questions
- Email us for assistance

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Read instructions before completing form.

Tax Account Number		FEIN / SSN	Quarter Ending (MM DD YYYY)	
Legal Name				
Business Name (DBA)				
Permit/Business Address				
City		State	Zip Code	

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

Line No.	Invoice		Purchased From		Invoice Price
	Date	Number	Name	Tax Account Number	
1					.00
2					.00
3					.00
4					.00
5					.00
6					.00
7					.00
8					.00
9					.00
10					.00
11					.00
12					.00
13					.00
14					.00
15					.00
16					.00
17					.00
18					.00
19					.00
20					.00
21	Subtotal (add lines 1 through 20)				.00
22	Subtotal brought forward from additional sheets				.00
23	TOTAL PRICE OF ALL TAX-PAID TOBACCO PRODUCTS PURCHASED (add lines 21 and 22) ▶				.00

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.

Preparer's Name (please print or type)		Signature of Permittee (or authorized agent)	
Email Address	Preparer's Phone Number ()	Date	