STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES

(Rev. 07/00)

SCHEDULE A-3

TOBACCO PRODUCTS TAX - RESIDENT DISTRIBUTOR

Snuff tobacco products activity report

(Total of Schedule A-3 must be reported on Line 9 of **Form OP-300**, *Tobacco Products Tax Return*)

Schedule A-3 must be attached to Form OP-300

Name _____ Period Ending _____ CT Tax Registration Number _____

Address _____

Invoice Number	Date	Purchased, Imported, Received or Acquired From	Brand Name	Quantity	Weight Each *(in ounces)*	Total Weight *(Col. 5x6)*	Tax *(Col. 7 x 0.40)*
1	2	3	4	5	6	7	8

Schedule A-3 SUBTOTAL	1.	
List the amount reported on Schedule C-1 (you must attach a copy of Schedule C-1 to Schedule A-3)	2.	( )
Subtract Line 2 from Line 1. This amount must be reported on Line 9 of **Form OP-300** **TOTAL**	3.	