Department of Revenue Services State of Connecticut PO Box 5018 Hartford CT 06102-5018

# Form OP-300

## **Tobacco Products Tax Return**

(Rev. 04/03) Important: Please see instructions on the back of this return.

Return For Period Ended

CT Tax Registration Number

Federal Employer ID Number

Please change your name and mailing address if shown incorrectly. Check if applicable: ☐ Final Return (going out of business) ☐ Amended Return 1. Tobacco products (excluding snuff tobacco products) purchased, imported, received, or acquired in Connecticut (from Schedule A-1 or A-2) 1 Tobacco products (excluding snuff tobacco products) manufactured in Connecticut 2 (from Schedule B) 3. Subtotal (Add Line 1 and Line 2) 3 Tobacco products (excluding snuff tobacco products) exported from Connecticut 4 (from Schedule C) ▶ Tobacco products (excluding snuff tobacco products) sold to the federal government (from Schedule D) ▶ 5 6. Subtotal (Add Line 4 and Line 5) ▶ 6 7. Amount subject to tax (Subtract Line 6 from Line 3) 7 ▶ 8. Tax due on tobacco products (Multiply Line 7 by 20% (.20)) ▶ 8 9. Tax due on snuff tobacco products (from Schedule A-3 or A-4) 9 10. Total Tax Due (Add Line 8 and Line 9) 10 11. Penalty: 10% (.10) of total tax due or \$50, whichever is greater 11 12 12. Interest: 1% (.01) per month or fraction of a month from due date to date of payment 13 13. **Total Amount Due** (Add Lines 10, 11, and 12) 

**Declaration:** I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand that the penalty for willfully delivering a false return to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Signature		Date
Print Name	Title	Phone Number

#### **General Instructions**

1. Taxpayers must file a return for each calendar month by the 25th day of the following month.

**Example**: The tobacco products tax return for January 1 through January 31 must be filed on or before February 25.

Taxpayers must file a return even if no tax is due.

- The owner, a partner, or a principal officer must sign this return.
- Make check or money order payable to: Commissioner of Revenue Services.
- 4. Mail to: Department of Revenue Services
  State of Connecticut
  PO Box 5018
  Hartford CT 06102-5018

### **Definitions**

**Tobacco Products** mean: Cigars, cheroots, stogies, periques, granulated, plug cut, crimp cut, ready rubbed and other smoking tobacco, cavendish, plug and twist tobacco, fine cut and other chewing tobaccos, shorts, refuse scraps, clippings, cuttings and sweepings of tobacco, and all other kinds and forms of tobacco, prepared in a manner as to be suitable for chewing or smoking in a pipe or otherwise or for both chewing and smoking, but does not include any cigarette as defined in Conn. Gen. Stat. §12-285.

**Snuff Tobacco Products** mean: Tobacco products that have imprinted on the packages the designation "snuff" or "snuff flour" or the federal tax designation "Tax Class M", or both.

## Wholesale Sales Price means:

- In the case of a distributor that is the manufacturer of the tobacco products, the price set for these products or, if no price has been set, the wholesale value of these products.
- In the case of a distributor that is not the manufacturer of the tobacco products, the price at which the distributor purchased the products.

## **Specific Instructions**

Line 1. Resident Distributor: Enter from Schedule A-1 the wholesale sales price of tobacco products (excluding snuff tobacco products) purchased, imported, received, or acquired in Connecticut by the distributor.

**Nonresident Distributor**: Enter from *Schedule A-2* the wholesale sales price of tobacco products imported into Connecticut by the distributor.

**Line 2.** Enter from *Schedule B* the wholesale sales price of tobacco products (excluding snuff tobacco products) manufactured in Connecticut by the distributor.

- **Line 3.** Add the amounts reported on Line 1 and Line 2.
- Line 4. Enter from Schedule C the wholesale sales price of tobacco products (excluding snuff tobacco products) exported from Connecticut that were imported, received, purchased, acquired or manufactured in Connecticut by the distributor. Prepare a separate Schedule C for each state of destination. Export of snuff tobacco products should be reported on Schedule C-1. Prepare a separate Schedule C-1 for each state of destination.
- **Line 5.** Enter from *Schedule D* the wholesale sales price of tobacco products (excluding snuff tobacco products) sold to the federal government that were imported, received, purchased, acquired or manufactured in Connecticut by the distributor.
- **Line 6.** Add the amounts reported on Line 4 and Line 5.
- **Line 7.** Subtract the amount reported on Line 6 from the amount reported on Line 3.
- **Line 8.** Multiply the amount of tobacco products reported on Line 7 by 20% (.20).
- **Line 9.** Enter from *Schedule A-3* or *Schedule A-4* the total amount of tax due on snuff tobacco products manufactured, purchased, imported, received, or acquired in Connecticut by the distributor.
- Line 10. Total Tax Due (Add Line 8 and Line 9).
- **Line 11.** Penalty for failure to file or pay tax when due: 10% (.10) of the total tax due or \$50, whichever is greater.
- Line 12. Interest for late payment: 1% (.01) of the total tax due per month or fraction of a month from the due date until the date of payment.
- Line 13. Add the amounts reported on Line 10, Line 11, and Line 12.

### For Further Information

If you need additional information or assistance, please call the Excise/Public Services Taxes Subdivision at **860-541-3225**, Monday through Friday, 8:00 a.m. to 5:00 p.m.

You may obtain forms and publications at any hour, seven days a week:

- Internet: Preview and download forms from the DRS web site: www.drs.state.ct.us
- **DRS TAX-FAX**: Call **860-297-5698** from the handset attached to your fax machine and select from the menu;
- Telephone: Call 1-800-382-9463 or 1-860-297-5962 and select Option 2 from a touch-tone phone.

TTY, TDD, and Text Telephone users only may transmit inquiries 24 hours a day, seven days a week by calling 860-297-4911.