

**Minnesota Distributors
Cigarette Inventory**

Check if certified inventory:

| | | | |
|----------------|---------------|-------------------------------|--------------------------------|
| Licensee _____ | Address _____ | Minnesota Tax ID Number _____ | Period of Return (mo/yr) _____ |
|----------------|---------------|-------------------------------|--------------------------------|

| | | # of Stamps | | | Value of Stamps |
|---------------|---|-------------|---|----------|-------------------|
| Stamps | 1 Stamps | | | | |
| | Regular 20s | _____ | x | \$ 3.628 | = _____ |
| | Regular 25s | _____ | x | 4.5350 | = _____ |
| | Native American 20s | _____ | x | 3.628 | = _____ |
| | Native American 25s | _____ | x | 4.5350 | = _____ |
| | Total value of Minnesota stamps (also enter on CT201-R, line 5) | | | | 1 \$ _____ |

| | | # of Cartons | | | # of Cigarettes | |
|--|---------------------------------------|--------------|-----|------------------------|------------------------|----------------|
| Unstamped and Other-State Stamped | Unstamped Cigarettes | | | | | |
| | 2 a. Non-fee brands (20s) | _____ | x | 200 | = 2a _____ | |
| | b. Fee brands (20s) | _____ | x | 200 | = 2b _____ | |
| | Total cartons | █ _____ | | | Total cigarettes | 2 _____ |
| | 3 a. Non-fee brands (25s) | _____ | x | 200 | = 3a _____ | |
| | b. Fee brands (25s) | _____ | x | 200 | = 3b _____ | |
| | Total cartons | █ _____ | | | Total cigarettes | 3 _____ |
| | 4 a. Non-fee brands (25s) | _____ | x | 250 | = 4a _____ | |
| | b. Fee brands (25s) | _____ | x | 250 | = 4b _____ | |
| | Total cartons | █ _____ | | | Total cigarettes | 4 _____ |
| | Other-State Stamped Cigarettes | | | | | |
| | 5 a. Non-fee brands (20s) | _____ | x | 200 | = 5a _____ | |
| | b. Fee brands (20s) | _____ | x | 200 | = 5b _____ | |
| | Total cartons | █ _____ | | | Total cigarettes | 5 _____ |
| | 6 a. Non-fee brands (25s) | _____ | x | 200 | = 6a _____ | |
| b. Fee brands (25s) | _____ | x | 200 | = 6b _____ | | |
| Total cartons | █ _____ | | | Total cigarettes | 6 _____ | |
| 7 a. Non-fee brands (25s) | _____ | x | 250 | = 7a _____ | | |
| b. Fee brands (25s) | _____ | x | 250 | = 7b _____ | | |
| Total cartons | █ _____ | | | Total cigarettes | 7 _____ | |
| 8 Total unstamped and other-state stamped cigarettes (total of lines 2 through 7) | | | | | 8 _____ | |

| | | # of Cartons | | | # of Cigarettes | |
|--------------------------|--|--------------|---|-----|------------------------|-----------------|
| Minnesota Stamped | Minnesota Stamped Cigarettes (including unsaleable) | | | | | |
| | Regular | | | | | |
| | 9 a. Non-fee brands (20s) | _____ | x | 200 | = 9a _____ | |
| | b. Fee brands (20s) | _____ | x | 200 | = 9b _____ | |
| | Total cartons | █ _____ | | | Total cigarettes | 9 _____ |
| | 10 a. Non-fee brands (25s) | _____ | x | 200 | = 10a _____ | |
| | b. Fee brands (25s) | _____ | x | 200 | = 10b _____ | |
| | Total cartons | █ _____ | | | Total cigarettes | 10 _____ |
| | 11 a. Non-fee brands (25s) | _____ | x | 250 | = 11a _____ | |
| | b. Fee brands (25s) | _____ | x | 250 | = 11b _____ | |
| | Total cartons | █ _____ | | | Total cigarettes | 11 _____ |

| | | | |
|----------|---------|-------------------------|--------------------------|
| Licensee | Address | Minnesota Tax ID Number | Period of Return (mo/yr) |
|----------|---------|-------------------------|--------------------------|

Native American

Minnesota Stamped, cont.

| | # of Cartons | | | # of Cigarettes |
|---|--------------|---|-----|--|
| 12 a. Non-fee brands (20s) | _____ | x | 200 | = 12a _____ |
| b. Fee brands (20s) | _____ | x | 200 | = 12b _____ |
| Total cartons | █ _____ | | | Total cigarettes 12 _____ |
| 13 a. Non-fee brands (25s) | _____ | x | 200 | = 13a _____ |
| b. Fee brands (25s) | _____ | x | 200 | = 13b _____ |
| Total cartons | █ _____ | | | Total cigarettes 13 _____ |
| 14 a. Non-fee brands (25s) | _____ | x | 250 | = 14a _____ |
| b. Fee brands (25s) | _____ | x | 250 | = 14b _____ |
| Total cartons | █ _____ | | | Total cigarettes 14 _____ |
| 15 Total Minnesota stamped cigarettes (add lines 9 through 14) | | | | 15 _____ |

Sign Here

Must be signed and certified by an officer or owner.
I certify that the above inventory has been examined by me and is true and correct to the best of my knowledge.

| | | | |
|--|-------|-------|---------------|
| Authorized Signature of Officer or Owner | Title | Date | Daytime Phone |
| _____ | _____ | _____ | _____ |