

**Nonresident 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 Minnesota stamps				
	Regular 20s	_____	x \$ 3.614	=	_____
	Regular 25s	_____	x 4.5175	=	_____
	Native American 20s	_____	x 3.614	=	_____
	Native American 25s	_____	x 4.5175	=	_____
	Total value of Minnesota stamps (also enter on CT401-R, line 5)				1 \$ _____

		# of Cartons		Value of Cigarettes	
Minnesota Stamped Cigarettes	Minnesota Stamped Cigarettes (including unsaleable)				
	Regular				
	2 a. Non-fee brands (200s)	_____	x \$36.14	=	2a _____
	b. Fee brands (200s)	_____	x 36.14	=	2b _____
	Total cartons	█ _____			Total value 2 \$ _____
	3 a. Non-fee brands (250s)	_____	x \$45.175	=	3a _____
	b. Fee brands (250s)	_____	x 45.175	=	3b _____
	Total cartons	█ _____			Total value 3 \$ _____
	Native American				
	4 a. Non-fee brands (200s)	_____	x \$36.14	=	4a _____
	b. Fee brands (200s)	_____	x 36.14	=	4b _____
	Total cartons	█ _____			Total value 4 \$ _____
	5 a. Non-fee brands (250s)	_____	x \$45.175	=	5a _____
	b. Fee brands (250s)	_____	x 45.175	=	5b _____
	Total cartons	█ _____			Total value 5 \$ _____
6	Value of non-fee brands (add lines 2a, 3a, 4a and 5a; also enter on CT401-R, line 10B)				6 \$ _____
7	Value of fee brands (add lines 2b, 3b, 4b and 5b; also enter on CT401-R, line 10C)				7 \$ _____
8	Total value of Minnesota stamped cigarettes (add lines 6 and 7; also enter on CT401-R, line 10D)				8 \$ _____

Sign Here	Must be signed and certified by an officer or owner.		
	<i>I certify that the above inventory has been examined by me and is true and correct to the best of my knowledge.</i>		
	Authorized Signature of Officer or Owner	Title	Date