

**Nonresident Distributors
Cigarette Inventory**

Check if certified inventory:

Licensee	Address	Minnesota Tax ID Number	Period of Return (mo/yr)
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		# of Stamps		Value of Stamps
Stamps	1 Minnesota 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 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	\$36.28	= 2a _____	
	b. Fee brands (200s)	_____ x	36.28	= 2b _____	
	Total cartons	█ _____		Total value	2 \$ _____
	3 a. Non-fee brands (250s)	_____ x	\$45.35	= 3a _____	
	b. Fee brands (250s)	_____ x	45.35	= 3b _____	
	Total cartons	█ _____		Total value	3 \$ _____
	Native American				
	4 a. Non-fee brands (200s)	_____ x	\$36.28	= 4a _____	
	b. Fee brands (200s)	_____ x	36.28	= 4b _____	
	Total cartons	█ _____		Total value	4 \$ _____
	5 a. Non-fee brands (250s)	_____ x	\$45.35	= 5a _____	
	b. Fee brands (250s)	_____ x	45.35	= 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