

Cigarette Inventory for Minnesota Importers

Check if Certified Inventory:

Licensee _____ Address _____	Minnesota Tax ID Number _____	Period of Return (mo/yr) _____
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	Cigarette Ending Inventory	# of Cartons				# of Cigarettes
Inventory	1 a. Non-fee brands (20s) _____	x	200	=	1a _____	
	b. Fee brands (20s) _____	x	200	=	1b _____	
	Total cartons <input style="width: 100px;" type="text"/>					Total cigarettes 1 _____
	2 a. Non-fee brands (25s) _____	x	200	=	2a _____	
	b. Fee brands (25s) _____	x	200	=	2b _____	
	Total cartons <input style="width: 100px;" type="text"/>					Total cigarettes 2 _____
	3 Total non-fee brands <i>(add lines 1a and 2a; also enter on CT501-R, line 5A)</i>					3 _____
	4 Total fee brands <i>(add lines 1b and 2b; also enter on CT501-R, line 5B)</i>					4 _____

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	Daytime Phone