

**Minnesota 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 Stamps				
	Regular 20s	_____	x	\$ 3.65	= _____
	Regular 25s	_____	x	4.5625	= _____
	Native American 20s	_____	x	3.65	= _____
	Native American 25s	_____	x	4.5625	= _____
	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)
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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