

**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 | \$ 3.673 | = _____ |
| | Regular 25s | _____ x | 4.5913 | = _____ |
| | Native American 20s | _____ x | 3.673 | = _____ |
| | Native American 25s | _____ x | 4.5913 | = _____ |
| | 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 (20s - 200 ct) | _____ x | \$36.73 | = 2a _____ | |
| | b. Fee brands (20s - 200 ct) | _____ x | 36.73 | = 2b _____ | |
| | Total cartons | █ _____ | | Total value | 2 \$ _____ |
| | 3 a. Non-fee brands (25s - 200 ct) | _____ x | \$36.73 | = 3a _____ | |
| | b. Fee brands (25s - 200 ct) | _____ x | 36.73 | = 3b _____ | |
| | Total cartons | █ _____ | | Total value | 3 \$ _____ |
| | Native American | | | | |
| | 4 a. Non-fee brands (20s - 200 ct) | _____ x | \$36.73 | = 4a _____ | |
| | b. Fee brands (20s - 200 ct) | _____ x | 36.73 | = 4b _____ | |
| | Total cartons | █ _____ | | Total value | 4 \$ _____ |
| | 5 a. Non-fee brands (25s - 200 ct) | _____ x | \$36.73 | = 5a _____ | |
| | b. Fee brands (25s - 200 ct) | _____ x | 36.73 | = 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 |