

Cigarette and Tobacco Common Carrier Report

nipment. Note : You do not have to rep			<u> </u>				
mmon Carrier Name		Address	City	State	ZIP Code	Reporting Period	Page of
						I	
Delivery Date	Point of Origin (Name/address of person/business who shipped)		Point of Delivery (Name/address of person/business who received)		Cigarette & Tobacco Products Delivered Description Quantity/Weig		
						escription	Quantity/ weigi
clare that a	ıll information on this	report is correct and complete to the l	best of my knowledge.				
orized Signatu		, , , , , , , , , , , , , , , , , , , ,	Title		Date		aytime Phone

Mail to: Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331. Phone: 651-556-3035.

Email: cigarette.tobacco@state.mn.us

Cigarette and Tobacco Common Carrier Report (continued)

Delivery	Point of Origin	Point of Delivery (Name/address of person/business who received)	Cigarette & Tobacco Products Delivered		
Date	(Name/address of person/business who shipped)		Description	Quantity/Weight	