DEPARTMENT OF REVENUE

Minnesota Distributors CT201-B, Credit for Returned Cigarettes



Attachment #4
Page_____ of _____

Licensee	Address	Minnesota Tax ID Number	Period of Return (mo/yr)

Enter number of cigarettes (not packs or cartons) returned to the manufacturer. Report cigarettes during month of return, not the month credit memo is received.

Credit for Non-Fee Brands

Credit Memo			RGA	Α	В
Date	Number	Number*	Manufacturer	Other-state Stamped	Unstamped
1					
2					
3					
4					
5					
6					
7					
8					
9					
10 Total non-	fee cigarettes (add lines 1 through	<i>19)</i> 10		
		-		Enter on CT201-R, line 13A	Enter on CT201-R, line 14A

Credit for Fee Brands

Credit Memo		RGA		Α	В	
	Date	Number	Number*	Manufacturer	Other-state Stamped	Unstamped
11						
12						
13						
14						
15						
16						
17						
18						
19						
20	Total fee cig	arettes (add lir	nes 11 thro	ugh 19) 20		
					Enter on CT201-R, line 13B, and on CT201-F, line 8	Enter on CT201-R, line 14B, and on CT201-F, line 9
21	21 Total other-state stamped cigarettes (add lines 10A and 20A) 21					
					Enter on CT201-R, line 13C	-
22	Total unstar	nped cigarette	s (add lines	: 10B and 20B)		
						Enter on CT201-R, line 14C

* Returned	Goods Authorization	(RGA) numher
netunicu	Obous Authonization	(nua	, number.