

**CT201-S, Minnesota Stamped Cigarettes Received During the Month**

Read instructions on back.



Attachment #3

|                |               |                               |                                |                     |
|----------------|---------------|-------------------------------|--------------------------------|---------------------|
| Licensee _____ | Address _____ | Minnesota Tax ID Number _____ | Period of Return (mo/yr) _____ | Page _____ of _____ |
|----------------|---------------|-------------------------------|--------------------------------|---------------------|

|    | Date Rec'd  | Invoice # | Supplier                                 | A — Non-Fee Brands<br>Quantity | B — Fee Brands<br>Quantity (fee paid by another<br>Minnesota distributor) |
|----|---|-----------|--|--------------------------------|---|
|    |   |           | <b>Totals from previous page, if any</b> |                                |   |
| 1  |   |           |  |                                |   |
| 2  |   |           |  |                                |   |
| 3  |   |           |  |                                |   |
| 4  |   |           |  |                                |   |
| 5  |   |           |  |                                |   |
| 6  |   |           |  |                                |   |
| 7  |   |           |  |                                |   |
| 8  |   |           |  |                                |   |
| 9  |   |           |  |                                |   |
| 10 |   |           |  |                                |   |
| 11 |   |           |  |                                |   |
| 12 |   |           |  |                                |   |
| 13 |   |           |  |                                |   |
| 14 |   |           |  |                                |   |
| 15 |   |           |  |                                |   |
| 16 |   |           |  |                                |   |
| 17 |   |           |  |                                |   |
| 18 |   |           |  |                                |   |
| 19 | <b>If this is the final page</b> , enter the total non-fee cigarettes (column A) on CT201-R, line 9A and enter the total fee brand cigarettes (column B) on CT201-R, line 9B and on CT201-F, line 3 ..... <b>19</b> |           |  | Enter on CT201-R, line 9A.     | Enter on CT201-R, line 9B, and on CT201-F, line 3.                        |

**20** **If this is the final page**, enter total cigarettes received during the month (*add lines 19A and 19B*) Also enter this amount on CT201-R, line 9C ..... **20**

# Schedule CT201-S Instructions

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## Cigarette Brands

### Subject to Fee

There is a fee on cigarettes produced by manufacturers that are one of the following:

- are not making annual payments to the state of Minnesota under the tobacco settlement agreement from State v. Philip Morris Inc., No. C1-94-8565 (Minnesota District Court, Second Judicial District)
- have not voluntarily entered into an agreement with the state of Minnesota to make payments under terms similar to those in the above settlement agreement

When completing this form, you must report cigarettes received during the month by “non-fee brands” (i.e., produced by manufacturers that have entered into an agreement with the state) and “fee brands” (i.e., produced by manufacturers not participating in an agreement).

## Completing the Form

Enter the number of Minnesota stamped cigarettes received during the month. **Group the entries by supplier.**

Be sure to include invoice numbers, not bill-of-lading or standing-order numbers.

**If you did not receive cigarettes during the month**, write “none” on the first line.

### Short Shipments

Report only cigarettes actually received; report back-ordered cigarettes when they come in using the invoice number to which the back-order applies.

### Credit Memos

Report the invoice in full, and record the credit memo on Schedule CT201-B.