

Business Name

## **Tobacco Product Tax Credit** for Returned Products

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V2	7	/2	n(	),5

Date

License No.

Pri	ncipal or Agent Name			Phone		
Ad	dress			Fax		
Cit	у		State	Zip		
Ins	struction for form preparation		,			
1.	Prepare in duplicate. Submit the original to Montana Department of Revenue, Customer Intake Process, P.O. Box 1712, Helena, MT 59604-1712. Retain a duplicate in company file for field audit purposes.					
2.	Credit claimed on schedule A for merchandise returned to a manufacturer or destroyed due to age, damage in transit, etc., must be substantiated with copies of all credit memos from the manufacturer or an affidavit signed by the principal manager or owner.					
Se	ection 1 –Tobacco product tax credit re	conciliation				
1	. Total tobacco products tax from manufactur schedule A)	•				
2	Total moist snuff products tax from manufact B, schedule A)					
3	3. Total add line 1 and line 2			3. \$		
4	. Discount rate			4. 0.015 (1.5%)		
	<ol> <li>Total tobacco product tax discount (multiply</li> </ol>	• ,				
6	s. Tobacco product tax credit (subtract line 5 f	rom line 3)		6. \$		
	ereby swear and affirm under penalty of false discorrect to the best of my knowledge.	swearing that the i	information here	in and attachments are true		
	Print Name of Principal or Agent	Date 360	Signatui	re of Principal or Agent		

Schedule A – Tobacco products returned to manufacturer or destroyed

For the

period of	<del></del>	
Business name _	Phone	· · · · · · · · · · · · · · · · · · ·

Name	Manufacturer Address	Phone	Date of memo	Credit memo ID	Value of other tobacco products on memo (A)	Weight of moist snuff on memo (oz) (B)
					\$	oz
					\$	oz
					\$	oz
					\$	oz
					\$	oz
					\$	oz
					\$	oz
					\$	oz
					\$	oz
					\$	oz
					\$	oz
					\$	oz
					\$	oz
					\$	oz
					\$	oz
					\$	oz
Total manufacturer refund credit value				\$	oz	
2. Tobacco products tax rates				0.50 (50%)	\$0.85 / oz	
3. Total manufacturer refund credit tobacco products tax (multiply line 1 with line 2) Total value of column A on line 1, section 1, and column B on line 2, section 1				\$	\$	