

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF TAXATION PO BOX 187 TRENTON, NJ 08695-0187

CIGARETTE FLOOR TAX RETURN DISTRIBUTORS, WHOLESALERS, AND RETAILERS

	DUE DATE: September 1, 2003 Check for change of name/address
	Federal Identification
	License No.
	DISTRICTIONS
Check One Category:	INSTRUCTIONS
Distributor - Comple	te lines 1 through 4 and 5
	ete lines 1 through 2 and line 5
	ines I through 2 and line 5
	mos i anough 2 and me s
	es and tax stamps on hand as of the start of business on July 1, 2003. Prepare the return for your records and inspection by a representative of the Division of Taxation. The tax any stamps in inventory.
due on all unaffixed tax stamps. En 3. Make your check or money order p	quantity on hand by the additional tax due. For Distributors, also calculate the additional ter the result in the "Tax Due" column. Total lines I through 4 and enter sum on line 5. ayable to the "Cigarette Floor Tax". Mail your payment with this tax return by Septemb
due on all unaffixed tax stamps. En 3. Make your check or money order post 2003 to the New Jersey Division of obtain information on completing 4. If your name and address is incorred business name and address on the boundaries of the boundaries	ayable to the "Cigarette Floor Tax". Mail your payment with this tax return by Septemb Revenue, PO Box 250, Trenton, N.J. 08646-0250, in the envelope provided. You may this form by contacting (609) 984-7554. et, check the "Name/Address Correction" box above and make any corrections to your back of this return. LIDATED RETURN USE THE REVERSE SIDE OF THIS RETURN TO ACCOUNT.
due on all unaffixed tax stamps. En 3. Make your check or money order p. 2003 to the New Jersey Division of obtain information on completing 4. If your name and address is incorre business name and address on the b	ayable to the "Cigarette Floor Tax". Mail your payment with this tax return by Septemb Revenue, PO Box 250, Trenton, N.J. 08646-0250, in the envelope provided. You may this form by contacting (609) 984-7554. et, check the "Name/Address Correction" box above and make any corrections to your back of this return. LIDATED RETURN USE THE REVERSE SIDE OF THIS RETURN TO ACCOUNT.
due on all unaffixed tax stamps. En 3. Make your check or money order postain information on completing 4. If your name and address is incorred business name and address on the business name and address name and a	ayable to the "Cigarette Floor Tax". Mail your payment with this tax return by Septemb Revenue, PO Box 250, Trenton, N.J. 08646-0250, in the envelope provided. You may this form by contacting (609) 984-7554. et, check the "Name/Address Correction" box above and make any corrections to your back of this return. LIDATED RETURN USE THE REVERSE SIDE OF THIS RETURN TO ACCOUNT.
due on all unaffixed tax stamps. En 3. Make your check or money order possible to the New Jersey Division of obtain information on completing 4. If your name and address is incorred business name and address on the business name and address	ayable to the "Cigarette Floor Tax". Mail your payment with this tax return by Septemb Revenue, PO Box 250, Trenton, N.J. 08646-0250, in the envelope provided. You may this form by contacting (609) 984-7554. ct, check the "Name/Address Correction" box above and make any corrections to your back of this return. LIDATED RETURN USE THE REVERSE SIDE OF THIS RETURN TO ACCOUNTS. (B) Quantity on Hand Increase in Tax Rate Tax Due
due on all unaffixed tax stamps. En 3. Make your check or money order possible to the New Jersey Division of obtain information on completing 4. If your name and address is incorred business name and address on the business name and address is incorrectly to the business name and address	ayable to the "Cigarette Floor Tax". Mail your payment with this tax return by Septemb Revenue, PO Box 250, Trenton, N.J. 08646-0250, in the envelope provided. You may this form by contacting (609) 984-7554. ct, check the "Name/Address Correction" box above and make any corrections to your back of this return. LIDATED RETURN USE THE REVERSE SIDE OF THIS RETURN TO ACCOUNTS. (B) Quantity on Hand Increase in Tax Rate Tax Due B x C = D
due on all unaffixed tax stamps. En 3. Make your check or money order proposed to the New Jersey Division of obtain information on completing 4. If your name and address is incorred business name and address on the business name and address is incorreduction. (A) Taxable Inventory 1. Cigarettes Stamped (20 per pack) 2. Cigarettes Stamped (25 per pack) 3. Unaffixed Stamps (20 per pack)	ayable to the "Cigarette Floor Tax". Mail your payment with this tax return by Septemb Revenue, PO Box 250, Trenton, N.J. 08646-0250, in the envelope provided. You may this form by contacting (609) 984-7554. et, check the "Name/Address Correction" box above and make any corrections to your back of this return. LIDATED RETURN USE THE REVERSE SIDE OF THIS RETURN TO ACCOUNTS. (B) Quantity on Hand Increase in Tax Rate B x C = D \$.55
due on all unaffixed tax stamps. En 3. Make your check or money order p. 2003 to the New Jersey Division of obtain information on completing 4. If your name and address is incorre business name and address on the b NOTE: IF YOU ARE FILING A CONSO FOR INDIVIDUAL LOCATION (A) Taxable Inventory 1. Cigarettes Stamped (20 per pack) 2. Cigarettes Stamped (25 per pack)	ayable to the "Cigarette Floor Tax". Mail your payment with this tax return by September Revenue, PO Box 250, Trenton, N.J. 08646-0250, in the envelope provided. You may this form by contacting (609) 984-7554. et, check the "Name/Address Correction" box above and make any corrections to your back of this return. LIDATED RETURN USE THE REVERSE SIDE OF THIS RETURN TO ACCOUNTS. (B) Quantity on Hand Increase in Tax Rate B x C = D \$.55 \$.6875 \$