



CT-4A

State Form 46862
(R9 / 7-16)

Indiana Cigarette Tax Stamp Order

*If you have questions about this form
please call (317) 615-2710. Orders may
be mailed to the address at the bottom of this form,
emailed to INCigTax@dor.in.gov
or faxed to (317) 615-2691.*

For Office Use Only	
Inv. Number:	
Invoice Date:	
CIG# Exp. Date:	

TID # _____

LOC # _____ Date: _____

Description	Serial Numbers	Processed By	Price	Amount
Rolls of 30M 99.5¢ Stamps, 20 Cigarettes				
1. Enter number of rolls (30,000 stamps per roll).....	_____		X \$29,850 per roll	_____
Enter number of stamps	<input type="text"/>			

Description	Serial Numbers	Processed By	Price	Amount
Sheets of 150 99.5¢ Stamps, 20 Cigarettes (WIDES)				
2. Enter number of sheets (150 stamps per sheet).....	_____		X \$149.25 per sheet	_____
Enter number of stamps	<input type="text"/>			

Description	Serial Numbers	Processed by	Price	Amount
Fuson Stamps, 99.5¢ per stamp, 20 Cigarettes				
3. Enter number of stamps (number must be divisible by 300).....	_____		X \$0.995 per stamp	_____
Enter number of stamps	<input type="text"/>			

Description	Serial Numbers	Processed by	Price	Amount
7200T, \$1.24375 Stamps, 25 Cigarettes				
4. Enter number of rolls (7200 stamps per roll/10 stamps per row)	_____		X \$8,955 per roll	_____
Enter number of stamps	<input type="text"/>			

Description	Serial Numbers	Processed by	Price	Amount
7200M, \$1.24375 Stamps, 25 Cigarettes				
5. Enter number of rolls (7200 stamps per roll/12 stamps per row)	_____		X \$8,955 per roll	_____
Enter number of stamps	<input type="text"/>			

6. Total number of stamps ordered <input type="text"/>				
7. Add tax from lines 1 through 5		Gross Tax Total		_____
8. Multiply \$0.013 X total number of stamps from line 6		Discount		_____
9. Subtract line 8 from line 7.....		Net Tax Total		_____
10. Bad Debt Credit (Please attach necessary forms)				_____
11. Subtract line 10 from line 9.....		Total		_____

Description	Serial Numbers	Processed by	Price	Amount
Cigarette Papers: \$12 per 100 sheet (no discount)				
12. Enter number of sheets.....	_____		X \$12 per sheet	_____
13. Shipping (UPS Ground) - Leave blank if you are using your account to ship.				_____
14. Add lines 11, 12 and 13.....		Total Amount		_____

Name of Company _____		Indicate Payment Method:	
Shipping Address _____		Payment Enclosed <input type="checkbox"/> Authorized 30 Day Credit <input type="checkbox"/>	
City _____	State _____	Shipping Options:	
Zip Code _____		If you wish to use your company's shipping account please enter the account number below and specify service you wish to use (e.g. UPS Next Day Air, or FedEx Priority Overnight).	
Name, Title and Telephone Number (direct or include ext number) of Authorized Purchaser _____			
Mail to:	Overnight or Certified Mail:	FedEx Account Number _____	Service _____
Indiana Department of Revenue	Indiana Department of Revenue	UPS Account Number _____	Service _____
Attention: Cigarette Tax	Attention: Cigarette Tax		
P.O. Box 901	7811 Milhouse Road, Suite P		
Indianapolis, IN 46206-0901	Indianapolis, IN 46241-9612		