



**CT-4A**  
State Form 46862  
(R11 / 1-24)

## 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](mailto:INCigTax@dor.in.gov), filed on INTIME  
or faxed to 317-615-2691.*

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

TID # \_\_\_\_\_

LOC # \_\_\_\_\_ Date: \_\_\_\_\_

**Description**

Rolls of 30M 99.5¢ Stamps, 20 Cigarettes  
(minimum roll)

	Price	Amount
1. Enter number of rolls (30,000 stamps per roll).....	X \$29,850 per roll	_____
Enter number of stamps .....		[ ]

**Description**

Sheets of 150 99.5¢ Stamps, 20 Cigarettes (WIDES)  
(minimum 10 sheets)

	Price	Amount
2. Enter number of sheets (150 stamps per sheet).....	X \$149.25 per sheet	_____
Enter number of stamps .....		[ ]

3. **Total number of stamps ordered** [ ]

4. Add tax from lines 1 and 2.....	<b>Gross Tax Total</b>	_____
5. Multiply \$0.02 X total number of stamps from line 3 .....	<b>Discount</b>	_____
6. Subtract line 5 from line 4.....	<b>Net Tax Total</b>	_____
7. Bad Debt Credit (Please attach necessary forms) .....		_____
8. Subtract line 7 from line 6.....	<b>Total Amount</b>	_____

Name of Company				
Shipping Address		City	State	ZIP Code
Name of Authorized Purchaser		Title	Telephone Number (include ext number)	
<b>Indicate Payment Method:</b>				
<input type="checkbox"/> Payment Enclosed <input type="checkbox"/> Authorized 30 Day Credit				
<b>Shipping Options</b> - Please enter your company's shipping account information below.				
FedEx Account Number or UPS Account Number				
<b>Delivery Options</b> - Select only one.				
<b>Delivery Type</b>	<b>FedEx Service Name</b>		<b>UPS Service Name</b>	
Early AM	<input type="checkbox"/> First Overnight		<input type="checkbox"/> Next Day Air Early	
Next Day AM	<input type="checkbox"/> Priority Overnight		<input type="checkbox"/> Next Day Air	
Next Day PM	<input type="checkbox"/> Standard Overnight		<input type="checkbox"/> Next Day Air Saver	
2-Day AM	<input type="checkbox"/> 2DAY AM		<input type="checkbox"/> 2nd Day Air AM	
2-Day PM	<input type="checkbox"/> 2DAY		<input type="checkbox"/> 2nd Day Air	
3-Day PM	<input type="checkbox"/> Express Saver		<input type="checkbox"/> 3 Day Select	

**Mail to:**  
Indiana Department of Revenue  
Attention: Cigarette Tax  
P.O. Box 901  
Indianapolis, IN 46206-0901

**Overnight or Certified Mail:**  
Indiana Department of Revenue  
Attention: Cigarette Tax  
7811 Milhouse Road, Suite P  
Indianapolis, IN 46241-9612