



CT-4A
State Form 46862
(R12 / 5-25)

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,
filed on INTIME.*

For Office Use Only

Invoice Number:	
Invoice Date:	
CIG# Expiration Date:	

TID # _____

LOC # _____ Date: _____

Description

Rolls of 30M \$2.995 Stamps, 20 Cigarettes
(minimum roll)

	Price	Amount
1. Enter number of rolls (30,000 stamps per roll)	multiplied by \$89,850 per roll	_____
Enter number of stamps		<input type="text"/>

Description

Sheets of 150 \$2.995 Stamps, 20 Cigarettes (WIDES)
(minimum 10 sheets)

	Price	Amount
2. Enter number of sheets (150 stamps per sheet)	multiplied by \$449.25 per sheet	_____
Enter number of stamps		<input type="text"/>

3. **Total number of stamps ordered**

4. Add tax from lines 1 and 2..... **Gross Tax Total** _____

5. Multiply \$0.02 multiplied by total number of stamps from line 3..... **Discount** _____

6. Subtract line 5 from line 4..... **Net Tax Total** _____

7. Bad Debt Credit (Please attach necessary forms) _____

8. Subtract line 7 from line 6..... **Total Amount** _____

Name of Company			
Shipping Address		City	State
			ZIP Code
Name of Authorized Purchaser		Title	Telephone Number (include extension number)
Indicate Payment Method: <input type="checkbox"/> Payment Enclosed <input type="checkbox"/> Authorized 30 Day Credit			
Shipping Options - Please enter your company's shipping account information below.			
FedEx Account Number or UPS Account Number			
Delivery Options - Select only one.			
Delivery Type	FedEx Service Name	UPS Service Name	
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