



## Indiana Department of Revenue

## Monthly Report of Cigarettes Stamped and Roll-Your-Own Tobacco Purchased This report must be postmarked on or before the 15<sup>th</sup> day of the month following the reporting month.

☐ Amended	
☐ No Activity	

Distributor Name				Taxpayer Identification	License Number	1	Month/Year of Report		
tamped for the perion ddress, city, and stand the date the form wand the term "roll-"	od per brand, the ate from whom th s completed. your-own tobacc	number of ounces ne cigarettes and ro o" is any tobacco v	s of roll-your-own-tobll-your-own tobac	obacco you purchased co were purchased. Th its appearance, type, p	per brand, and t e taxpayer or ago ackaging, or labe	e brand family, the number the conversion of the roll-y ent completing the form m eling, is suitable for use ar titutes one (1) individual ci	our-own-tobacoust list their named and likely to be o	co to units. Lis me, title, email ffered to, or pu	t the name, I, phone, an
Cigarettes/RYO					Purchased From				
Brand Family	Quantity Stamped (Sticks)	Roll-Your-Own Tobacco Ounces	Roll-Your-Owr Tobacco Units (units = ounces/.	3		Address	City	State	ZIP Code
				in this return, including / knowledge and belief		A copy of the combelow: (forms car	be sent via pos		ach agency
Signature of Taxpayer or Agent Pri			Printe	d Name of Taxpayer or Aç	PO Box 901 Indianapolis, IN 46				
Title Telephone Number En			ber Email		Date	Office of Indiana Attorney General Attn: Tobacco Enforcement IGC-South 5th Floor			

Indianapolis, IN 46204