

Indiana Department of Revenue

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

Amended	
☐ No Activity	

(R5 / 6-	14)	•	•							
Distributor Name			Taxpayer Identification	on Number	License Number		Month/Year of Report			
stamped for the peri address, city, and sta the date the form wa Note: The term "roll-	od per brand, the ate from whom the as completed.	number of ounces e cigarettes and re o" is any tobacco	s of roll-your-own-to oll-your-own tobacc which, because of i	bbacco you purchased. The were purchased. The same same purchased. The same same same same same same same sam	d per brand, and the taxpayer or age backaging, or label	brand family, the number the conversion of the roll-y nt completing the form m ling, is suitable for use ar tutes one (1) individual c	our-own-tobacc ust list their nan nd likely to be of	o to units. Lis ne, title, emai	st the name, II, phone, an	
Cigarettes/RYO					Purchased From					
Brand Family	Quantity Stamped (Sticks)	Roll-Your-Own Tobacco Ounces	Roll-Your-Own Tobacco Units (units = ounces/.0	Name	А	Address	City	State	ZIP Code	
	ments, is true, cor		te to the best of my	n this return, including knowledge and belief	f	A copy of the con below: (forms car Indiana Departmer PO Box 901 Indianapolis, IN 46	n be sent via pos nt of Revenue 206-0901 ttorney General	tal mail, email Fax: Email: INCigī Fax:	l, or fax) : 317-615-269 [ax@dor.in.go	
Title		Telephone Number Email		Date		Attn: Tobacco Enfo IGC-South 5th Flor 302 W. Washington Indianapolis, IN 46	Email: tobacco@atg.in.gov			