

RESIDENT DISTRIBUTOR'S CIGARETTE TAX RETURN *

Name _____
 Address _____
 Month _____ Year _____ License No. _____
 FID No. _____

REPORT DUE BY
 THE 20TH OF
 EACH MONTH *

Line No.	I. STOCK ACCOUNT OF UNSTAMPED CIGARETTES	Use Number of Individual Cigarettes on Lines 1 through 12			
		20's	25's	Sub-Totals	Totals
1.	Beginning Inventory - (Same as Ending Inventory; Line 6 of preceding month)				
	ADDITIONS				
2.	Cigarettes Manufactured during month				
3.	Unstamped Cigarettes Received (SCHEDULE A) (Wholesalers Use Schedule B, Form CR-3)				
4.	Other Debits - Cigarettes Received (ATTACH ITEMIZED STATEMENT)				
5.	Total Gross Charges (Total of Lines 1-4)				
6.	Ending Inventory - All unstamped cigarettes at end of month				
7.	Total Unstamped Cigarettes to account for (Line 5 Minus Line 6)				
	DEDUCTIONS				
8.	Sales, deliveries & transfers of unstamped cigarettes from New Jersey (SCHEDULE C)				
9.	Sales of Unstamped Cigarettes to United States Government (SCHEDULE D)				
10.	Credits: Returns to Manufacturer (ATTACH ITEMIZED STATEMENT)				
	Other (ATTACH ITEMIZED STATEMENT) ..				
11.	Total Deductions (Lines 8 + 9 + 10)				
12.	Number of Cigarettes Subject to Tax (Line 7 Minus Line 11)				

Line No.	II. CIGARETTE REVENUE STAMP ACCOUNT	TAX UNITS (Use number of units purchased and not value)				
		\$2.70 machine seals	\$2.70 hand stamps	\$3.375 machine seals	\$3.375 hand stamps	TOTALS
13.	Beginning Inventory - (Same as ending inventory; Line 16c of preceding month) all unaffixed stamps					
14.	Revenue stamps purchased during month (SCHEDULE F)					
15.	Total stamps to account for (Line 13 plus Line 14)					
16.	a. Ending Inventory - all unaffixed stamps at end of month					
	b. Less stamps returned or damaged (ATTACH ITEMIZED STATEMENT)					
	c. Total ending inventory (Line 16a minus Line 16b)					
17.	Number of stamps used during month (Line 15 minus Line 16)					

The undersigned states, (UNDER THE PENALTY OF PERJURY), that all of the information contained in this return and in all schedules and statements in support of it is true and accurate in every particular.

Name of Licensee _____

Date _____

By: _____ Title _____

(SEE INSTRUCTIONS ON REVERSE SIDE)

* also to be filed by resident wholesalers dealing in non-New Jersey stamped cigarettes; report due the 10th of the month

INSTRUCTIONS

1. This report, with schedules and necessary statements attached must be filed with the Division of Taxation, Cigarette Tax Section, PO Box 187, Trenton, NJ 08695-0187, not later than the **20th day of the month*** following that for which the report is made.
2. Use additional copies of any schedules wherever necessary.
3. A negative report must be made in cases where no transactions have occurred during the report month.
4. Negative supporting schedules need not be filed, however, the word "NONE" should be written on the appropriate line of CR-1.
5. The New Jersey Cigarette Tax Law provides penalties for failure to file this report within the time period specified, for failure to pay tax and making false statements or concealing any material fact in this report.
6. A report received after the **twentieth day of the month*** is considered delinquent and a late filing penalty of \$100.00 for each month or fraction thereof that a report is delinquent shall be levied and collected.

***10th day of month** if this report is filed by a resident wholesaler dealing in non-New Jersey stamped cigarettes.