

NON-RESIDENT CIGARETTE DEALER SALES RETURN

STATE OF NEW JERSEY
 DIVISION OF TAXATION
 CIGARETTE TAX
 PO BOX 187
 TRENTON, NJ 08695-0187

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

DISTRIBUTOR
 REPORT DUE BY
 THE 20TH OF
 EACH MONTH *

Line No.	I. STOCK ACCOUNT OF STAMPED CIGARETTES	Use Number of Individual Cigarettes on Lines 1 through 9			
		20's	25's	Sub-Totals	Totals
1.	Beginning Inventory - (All New Jersey Stamped Cigarettes; Same as Line 5 of preceding month)				
2.	Cigarettes stamped during month				
3.	All New Jersey stamped cigarettes received during month. (SCHEDULE A)				
4.	Total Stamped Cigarettes (Total of Lines 1, 2, and 3)				
5.	Ending Inventory: All New Jersey Stamped Cigarettes at end of month				
6.	Total Cigarettes to account for (Line 4 minus Line 5)				
7.	Number of Stamped Cigarettes sold in New Jersey during month (SCHEDULE B)				
8.	CREDITS: Returns to manufacturer (ATTACH ITEMIZED STATEMENT)				
	OTHER: (ATTACH ITEMIZED STATEMENT)				
9.	Number of Cigarettes sold in New Jersey subject to tax (Line 7 plus Line 8) (Line 9 should agree with Line 6)				

Line No.	II. CIGARETTE REVENUE STAMP ACCOUNT (Distributors Only)	TAX UNITS (Use number of units purchased and not value)				TOTALS
		\$2.70 machine seals	\$2.70 hand stamps	\$3.375 machine seals	\$3.375 hand stamps	
10.	Beginning Inventory - (Same as ending inventory; Line 13c of preceding month) all unaffixed New Jersey stamps					
11.	Revenue stamps purchased during month (SCHEDULE D)					
12.	Total stamps to account for (Line 10 plus Line 11)					
13.	a. Ending Inventory - all unaffixed stamps at end of month					
	b. Less stamps returned or damaged (ATTACH ITEMIZED STATEMENT)					
	c. Total ending inventory (Line 13a minus Line 13b)					
14.	Number of stamps used during month (Line 12 minus Line 13c)					

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

* Wholesaler report due by the 10th of each month

INSTRUCTIONS

1. This report, with schedules and necessary statements attached must be filed with the New Jersey Division of Taxation, Cigarette Tax Section, PO Box 187, Trenton, NJ 08695-0187, not later than the 10th day of the month (wholesalers) or the 20th day of the month (distributors) 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 CNR-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 tenth day of the month (wholesalers) or the twentieth day of the month (distributors) is considered delinquent and a penalty of \$100.00 for each month or fraction thereof that a report is late shall be levied and collected.