



Cigarette Distributors Monthly Report

This report must be filed with the Department of Revenue & Regulation by the 15th day of the month following the period for which this report is filed.

Business Name			License #
Address			
City	State	Zip	Month Ending
Contact	Phone #		

	\$1.53 (20 pkg)	\$1.92 (25 pkg)
1. Beginning Stamp Inventory (line 7 from previous month)	_____	_____
2. Stamps Purchased During Month	_____	_____
3. Cigarette Sales to SD (packages)	_____	_____
4. Ending Inventory (lines 1 + 2 - 3)	_____	_____
5. Affixed Stamps	_____	_____
6. Unaffixed Stamps	_____	_____
7. Ending Stamp Inventory (add lines 5 & 6)	_____	_____
RECONCILE		
8. Line 7 from above: Stamp Inventory	_____	_____
9. Line 4 from above: Ending Inventory	_____	_____
10. Line 8 minus line 9: Short or Long Stamps	_____	_____
* Please explain short/long of over 100 stamps: _____ _____		

Distributors Located Within South Dakota - Please list sales to other States:

State Sold To:	20 pkg	25 pkg
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* Cigarettes should be reported in packages for all the above.

I hereby certify that, to the best of my knowledge and belief, this report is true, correct and complete and that no cigarettes have been sold or disposed of, nor stamped, contrary to the provisions of SDCL 10-50.

Signature of Owner or Manager _____

Date _____

Send completed form to:
 Division of Special Taxes
 445 E. Capitol Avenue
 Pierre, SD 57501
 Phone: 605-773-3311
 Fax: 605-773-6729