



Schedule A — Unstamped Cigarettes Manufactured, Purchased, or Otherwise Acquired During the Month

Transaction and Transfer Tax Bureau FACCTS/Cigarette Tax

Read instructions below carefully. This schedule must be attached to your monthly Form CG-6, *Resident Agent Cigarette Tax Report*

Name of agent	Federal employer identification number (FEIN)	Filed with report for the calendar Month: _____ Year: _____
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Column A	Column B	Column C					
Name and address of manufacturer (including self) or seller from whom unstamped cigarettes were purchased or otherwise acquired	Manufacturer's FEIN	Enter number of cigarettes (sticks) in the appropriate column(s)					
		20 packs	25 packs	Other (indicate pack size)			
				___ packs	___ packs	___ packs	___ packs
Totals (enter here and on Form CG-6, Part I, line 2).....							

Instructions

Tax period and taxpayer identification
Enter your legal name, your federal employer identification number (FEIN), and the month and year of the period covered by this schedule.

Column A - Enter the name and address of each manufacturer or supplier who sold you unstamped cigarettes during the month covered by this report. Include your own business if you manufactured cigarettes for sale.

Column B - Enter the federal employer identification number (FEIN) for each manufacturer or supplier listed. If the manufacturer or supplier does not have an FEIN, indicate **N/A**.

Column C - For each manufacturer (including yourself, if applicable) or supplier who sold or supplied you with unstamped cigarettes, indicate by pack size the number of cigarettes (**sticks**) received or manufactured during the month.

Attach additional sheets if necessary