



Form CT-4EFT
State Form 53625
(R2 / 3-09)

Indiana Department of Revenue
Special Tax Division
EFT FAX Confirmation

Fax Confirmation to: (317) 615-2605
E-mail confirmation to:
INCigTax@dor.in.gov
Questions? (317) 615-2710

This confirmation must be faxed the day the transaction is originated.

FAX

Attn: Special Tax Division - Cigarette Tax

From:	Number of Pages:	Date:
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This fax is to confirm information pertaining to our company's most recent EFT tax stamp payment. Contact information is provided below if the Department of Revenue should have any questions. Please include a copy of the invoice. Please type or print.

Name of Company:	Cigarette License Number:	Invoice Number:
Transaction Amount:	Transaction Date:	Invoice Due Date:

Contact Name:	Contact Phone:	Contact Title:
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