



CT-4A
 State Form 46862
 (R4/3-09)

INDIANA CIGARETTE TAX STAMP ORDER

Mail to: Indiana Department of Revenue
 ATTN: CIG TAX
 Post Office Box 901
 Indianapolis, Indiana 46206-0901

Overnight or Certified Mail: Indiana Department of Revenue
 ATTN: CIG TAX
 5150 Decatur Blvd.
 Indianapolis, Indiana 46241

For Office Use Only	
Inv. Number:	
Process Date:	
Invoice Date:	
CIG# Exp. Date:	

CIG LICENSE # _____
 DATE: _____

If you have questions about this form please call 317-615-2710. You may also email orders to: INCigTax@dor.in.gov

Quantity	# of Stamps	Description	Processed by:	Price	Amount
<u>1</u> enter # of rolls <i>30,000 stamps per roll</i>		Rolls of 30M 99.5¢ Stamps, 20 Cigarettes Serial Nos. _____	<input type="text"/>	\$29,850.00 per roll	<u>A</u>
<u>2</u> enter # of sheets <i>150 stamps per sheet</i>		Sheets of 150 99.5¢ Stamps, 20 Cigarettes (WIDES) Serial Nos. _____	<input type="text"/>	\$149.25 per sheet	<u>B</u>
<u>3</u> enter # of stamps <i>Number must be divisible by 300</i>		Fuson Stamps, 99.5¢ per stamp, 20 Cigarettes Serial Nos. _____	<input type="text"/>	\$0.995 per stamp	<u>C</u>
<u>4</u> enter # of rolls <i>7200 stamps per roll / 10 stamps per row</i>		7200T \$1.24375 Stamps, 25 Cigarettes Serial Nos. _____	<input type="text"/>	\$8,955.00 per roll	<u>D</u>
<u>5</u> enter # of rolls <i>7200 stamps per roll / 12 stamps per row</i>		7200M \$1.24375 Stamps, 25 Cigarettes Serial Nos. _____	<input type="text"/>	\$8,955.00 per roll	<u>E</u>
Total Number of Stamps Ordered: _____					

Gross Tax Total:	<u>F</u>
Discount: \$0.012 x total number of stamps:	<u>G</u>
Net Tax Total:	<u>H</u>
Bad Debt Credit (Please attach necessary forms):	<u>I</u>
Total	<u>J</u>
Cigarette Papers Total	<u>K</u>

Cigarette Papers: \$12.00 per 100 sheet (no discount)

<u>6</u> enter # of sheets	x \$12.00	Serial Nos. _____	<input type="text"/>
----------------------------	-----------	-------------------	----------------------

Name of Company _____

Shipping Address _____

City _____ State _____ Zip _____

Authorized Email Address _____

Name, Title, and Phone Number (direct or include ext #) of Authorized Purchaser _____

Indicate Payment Method

Payment enclosed:
 Authorized 30 Day Credit:

Shipping (UPS Ground):

if you are using your account to ship, leave blank

Total Amount: M

SHIPPING OPTIONS

If you wish to use your company's shipping account please enter the account number below and specify service you wish to use. i.e. UPS Next Day Air, or FedEx Priority Overnight

FedEx: _____
 Acct # _____ Service _____

UPS: _____
 Acct # _____ Service _____