



Department of Taxation

P.O. Box 530
Columbus, OH 43216-0530

CIG 23
Rev. 8/13

Application to Use Cigarette Tax Stamps

Name of business	FEIN
DBA	Social Security number
Street	Telephone number ()
City	State
	ZIP code

1. E-mail address **(required)** _____

2. Business structure:

Sole owner Partnership Corporation Fiduciary Association LLC LLP Other

3. List cigarette manufacturers/importers selling unstamped cigarettes to your company _____

4. List below the titles, names, addresses and Social Security numbers of all corporate officers or association officers or partners. If you need more space to complete the list, please attach a sheet with the requested information.

Title	Name	Address	Social Security No.

Federal Privacy Act

Because we require you to provide us with a Social Security number, the *Federal Privacy Act of 1974* requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections

5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.

I declare under penalties of perjury that the above statements have been examined by me and to the best of my knowledge and belief are true, complete and correct.

Signature _____ Title _____ Date _____

Mail this application to the Ohio Department of Taxation, Excise Tax Unit, P.O. Box 530, Columbus, Ohio 43216-0530, with the following items:

1. A letter of intent (or invoice if already purchasing) from a manufacturer/importer to sell unstamped cigarettes to your company.
2. A completed bond form for the purchase of cigarette tax stamps on credit (optional).