



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

Cigarette Floor Stock Tax Return Ohio Non-Stamping Wholesaler

Account _____

Name _____

Address _____

City _____ State _____ ZIP _____

- If you are no longer in business as of June 30, 2015, check the appropriate box, enter your last day of business and mail the tax return back to us.
- This return and payment must be postmarked by Sept. 30, 2015. Failure to file by the due date may result in a late filing charge of \$50 or 10% of your liability, whichever is greater.

Out of business _____ Date _____

1. Total number of cigarette sticks (line 6 below)

2. Tax liability (line 1 multiplied by \$0.0175)

Table with 2 rows: Row 1 is empty, Row 2 contains a dollar sign (\$) in the first column.

Write your account number on your check or money order. Do not send cash. Mail your remittance and return to the Ohio Department of Taxation, P.O. Box 530, Columbus, Ohio 43216-0530.

I declare under penalties of perjury that this return including any accompanying schedules and statements has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return and report.

Signature _____

Title _____ Date _____

Telephone _____ E-mail _____

Instructions

Line 1 - Use inventory you took as of 11:59pm on June 30, 2015. The inventory should be listed in number of individual cigarettes, not number of packs or cartons. Complete the Cigarette Inventory Worksheet below. Transfer line 6 on the worksheet to line 1 on the return.

Line 2 - Line 1 multiplied by \$0.0175. This is your tax liability.

Ohio Non-Stamping Wholesale Cigarette Inventory Worksheet

- 1. Cartons of 200 _____ x 200 = _____ individual cigarettes
2. Cartons of 250 _____ x 250 = _____ individual cigarettes
3. Packs of 20 _____ x 20 = _____ individual cigarettes
4. Packs of 25 _____ x 25 = _____ individual cigarettes
5. Others _____ x _____ = _____ individual cigarettes
6. Total (add lines 1 through 5 and transfer to line 1) _____