Ohio | Department of Taxation
P.O. Box 530
Columbus, OH 43216-0530

Reset Form

CIG 96
Rev. 3/09

Report of Cigarettes Sold to Other Ohio Licensed Wholesalers

Name			Month/year
Street address			FEIN
City	State	ZIP code	Ohio's wholesale account number

Columns

1. Date of shipment or transfer to purchasing wholesaler.
2. Indicate how shipped: DT, Distr Truck; CC, Common Carrier; PP, Parcel Post; CT, Customer Truck.
3. Invoice number of product shipped to another wholesaler.
4. Enter consent number obtained from the Ohio Department of Taxation.
5. Indicate "S" for stamped or "U" for unstamped.
6. Complete name and account number of company or person to whom cigarettes were sold.
7. Number of sticks sold to purchasing wholesaler.

(1) Date	(2) How Shipped	(3) Invoice Number	(4) Consent Number	(5) Stamped or Unstamped	(6) Name and Account Number of Purchasing Wholesaler	(7) # of Sticks Sold to Purchasing Wholesaler

Mail original to Ohio Department of Taxation, Excise Tax Section, P.O. Box 530, Columbus, OH 43216-0530. Retain additional copy for your files.

Subtotal: This page only _____

Grand total _____