

**MONTHLY REPORT  
OF CIGARETTE PAPERS**

FOR DEPARTMENT USE ONLY			
_____ /	<b>1 0 6</b> /	_____ /	_____
Account Number	Tax	Mo.	Yr.

*Return and payment are due by the 20th day of the month following the month in which the transactions occurred.*

Name and Address of Principal or Agent	License/Account Number _____
	Report for Month of _____, 20____
	Telephone Number ( ) - _____

*Cigarette paper* means paper or a similar material suitable for use by consumers to wrap or roll tobacco in the form of a cigarette. If you have any questions, contact the Excise Tax Section at (502) 564-6823 or [DOR.WebResponseExciseTax@ky.gov](mailto:DOR.WebResponseExciseTax@ky.gov).

**Packages of 32 Sheets**

- Number of packages of 32 sheets sold ..... \_\_\_\_\_
- Tax rate ..... x 0.25
- Tax due on packages of 32 sheets (multiply line 1 by line 2) ..... \$ \_\_\_\_\_

**Packages of Other Than 32 Sheets**

	A Sheets Per Package	B Number of Packages	C Total Sheets (A x B)
4.			
5.			
6.			
7.			

- Number of sheets subject to individual rate (add lines 4 through 7, Column C) ..... \_\_\_\_\_
- Tax rate ..... x 0.0078
- Tax due on packages of other than 32 sheets (multiply line 8 by line 9) ..... \$ \_\_\_\_\_
- Total due (add lines 3 and 10) ..... \$ \_\_\_\_\_

**► IMPORTANT NOTICE:** Make check(s) payable to the **Kentucky State Treasurer**.  
Mail report and check(s) to **Kentucky Department of Revenue, Frankfort, Kentucky 40619**.

I, the undersigned, a principal officer of the above-named company, certify that I have examined this report and it is, to the best of my knowledge and belief, a true, correct and complete report.

Signature _____	Title _____	Date _____
E-Mail _____		

