

VT Form FS-643

WHOLESALE CIGARETTE & TOBACCO DEALERS VERMONT FLOOR STOCK TAX RETURN

DUE DATE: August 25, 2015

THIS RETURN MUST BE FILED EVEN IF NO TAX IS DUE.

| Wholesale Dealer's Name | | | | Federal ID N | Federal ID Number | |
|-------------------------|--|-----------------------------|---------------------|---------------------|---|--|
| Address | ddress | | | | Wholesale Cigarette Dealer License Number | |
| City | | | | State | ZIP Code | |
| Contact Person | | | | Telephone N | umber | |
| | | | | | | |
| А. | If you have 50 cartons (500 packs) or less of cigarettes and little cigars bearing Vermont tax stamps as of 12:01 a.m. on July 1, 2015, and you do not affix Vermont tax stamps to product, check here and enter "0" on Line 11 A. Otherwise, complete all sections below. | | | | | |
| CIGARE | TTES BEARING VT TAX STAMPS | | | | | |
| 1. | Packs of 20 | x \$0.33 per pack = | 1 | | | |
| 2. | Packs of 25 | x \$0.41 per pack = | 2 | | | |
| 3. | Floor stock tax due on packs of cigarettes bearing Vermont tax stamps (Add Lines 1 and 2). 3. | | | | | |
| UNAFFIXED VT TAX STAMPS | | | | | | |
| 4. | Unaffixed 20 cigarettes per pack stamps | x \$0.33 per stamp = | 4 | | | |
| 5. | Unaffixed 25 cigarettes per pack stamps | x \$0.41 per stamp = | 5 | | | |
| 6. | Floor stock tax due on unaffixe | ed stamps (Add Lines 4 a | nd 5) | | 6 | |
| 7. | Floor stock tax due on packs of stamped cigarettes and unaffixed stamps (Add Lines 3 and 6) 7. | | | | | |
| LITTLE | CIGARS BEARING VT TAX STAM | PS | | | | |
| 8. | Packs of 20 | x \$0.33 per pack = | | | 8 | |
| TAX CALCULATION | | | | | | |
| 9. | • Total floor stock tax due (Add Lines 7 and 8) | | | | 9 | |
| 10. | Discount of 2.3% if paid by August 25, 2015 (Multiply Line 9 by 2.3%) 10. | | | | 0 | |
| 11. | Total due (Subtract Line 10 from Line 9) 11. Make checks payable to Vermont Department of Taxes | | | | | |
| SIGNAT | URE | | | | | |
| | I certify the information cont | ained in this report is co | nplete and accurate | to the best of my | knowledge and belief. | |
| - | Signature | | D | ate | | |
| | Printed Name | | Ti | tle | | |
| | Please send completed return t | 0: | If you have any | questions, call (80 |)2) 828-6839. | |

Vermont Department of Taxes PO Box 547 Montpelier, VT 05601-0547