



VT Form CTT-648	VERMONT WHOLESALE DEALERS CLAIM FOR TOBACCO TAX REFUND
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If Sole Proprietor, Last Name	First Name	Initial	Social Security Number
Business/Entity Name			Federal ID Number
Address			Date
City	State	ZIP Code	For Department Use Only

New smokeless tobacco - Packages of less than 1.2 oz.

- 1. Number of packages _____ x \$3.08 tax rate **1.** _____
- 2. Number of packages _____ x \$2.75 tax rate **2.** _____

New smokeless tobacco - Sold by the ounce

- 3. Number of ounces _____ x \$2.57 tax rate **3.** _____
- 4. Number of ounces _____ x \$2.29 tax rate **4.** _____

Snuff

- 5. Number of packages _____ x \$2.57 tax rate **5.** _____
- 6. Number of packages _____ x \$2.29 tax rate **6.** _____

Other Tobacco Products

- 7. Taxable sales _____ x 92% tax rate **7.** _____

Cigars

- 8. Category I (\$2.17 or less): Taxable sales _____ x 92% tax rate **8.** _____
- 9. Category II (\$2.18 - \$9.99): Number of cigars _____ x \$2.00 tax rate per cigar **9.** _____
- 10. Category III (\$10.00 or greater): Number of cigars _____ x \$4.00 tax rate per cigar **10.** _____

Refund

- 11. Total tax paid (Add Lines 1 through 10) **11.** _____
- 12. Minus 2% discount previously applied (Multiply Line 11 by .02) **12.** _____
- 13. **Total Refund Amount** (Line 11 minus Line 12) **13.** _____

We hereby certify this claim is true, correct and complete to the best of our knowledge.		
	Authorized Signature of Dealer	Date
Printed Name	Title	E-mail Address

Send completed return to:

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