



Other Tobacco Products Monthly Tax Return for Distributors & Wholesalers

This report must be filed with the Department of Revenue by the 15th day of the month following the period for which this report is filed.

| | | | |
|---------------|---------|-----|-------------------------------|
| Business Name | | | Tobacco Dist./Whol. License # |
| Address | | | FEIN/SS No. |
| City | State | Zip | Month/Year |
| Contact | Phone # | | |

- A. Residents - enter wholesale purchase price of tobacco products.
 - Non-residents - enter wholesale purchase price of tobacco products shipped to South Dakota recipients
 - B. Deductions
 - 1) returns to supplier
 - 2) shipped out of the state (Residents only - attach list of out-of-state customers[the deduction may be denied if list is not attached])
 - 3) Sold to another licensed Wholesaler/Distributor- attach invoices.....
 - C. Taxable value of Tobacco Products (line A minus B1, B2 & B3)
 - D. Tax @ 35% (line C times .35).....
 - E. Interest for late payment
 - F. Penalty for late filing
 - G. Total amount due (lines D + E + F).....
 - H. Previous credit balance.....
- PLEASE PAY THIS AMOUNT (lines G-H).....**

| Invoice Date | Invoice Number | In-state licensees - Purchased from Out-of-state licensees - Sold to | Wholesale purchase price |
|--------------|----------------|---|--------------------------|
| | | | |
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Continue on next page or attach printout

Total Price of Tobacco Products

I hereby certify that, to the best of my knowledge and belief, this report is true, correct and complete and that no tobacco products have been sold or disposed of contrary to the provisions of SDCL 10-50.

Please remit form and payment to
 Division of Special Taxes
 445 E. Capitol Avenue
 Pierre, SD 57501
 Phone: 605-773-3311
 Fax: 605-773-6729

Signature of Owner or Manager

Date

