



**CONSUMER TOBACCO PRODUCTS TAX RETURN**

**STEP 1 - TYPE OR PRINT**

First Name  Last Name  Month and Year Acquired (MMYYYY)

Mailing Address  Social Security Number

City/Town  State  Zip Code + 4  Telephone Number

**STEP 2 - TAX CALCULATION** See Instructions and Rates to Compute Tax

NAME AND ADDRESS OF SELLER	WEBSITE OF SELLER (IF APPLICABLE)	INVOICE NUMBER	INVOICE DATE	CIGARETTES / LITTLE CIGARS		ROLL-YOUR-OWN		OTHER TOBACCO PRODUCTS		E-CIGARETTES CLOSED SYSTEM		E-CIGARETTES OPEN SYSTEM	
				NUMBER OF STICKS	TAX DUE (# OF STICKS x .089)	NUMBER OF OUNCES	TAX DUE (# OF OZ./09) x .089)	WHOLESALE SALES PRICE	TAX DUE (WHOLESALE SALES PRICE x .6503)	VOLUME OF MILLILITERS	TAX DUE (.30 / ML)	WHOLESALE SALES PRICE	TAX DUE (WHOLESALE SALES PRICE x .08)



**CONSUMER TOBACCO PRODUCTS TAX RETURN (continued)**

**STEP 2 - TAX CALCULATION continued**

NAME AND ADDRESS OF SELLER	WEBSITE OF SELLER (IF APPLICABLE)	INVOICE NUMBER	INVOICE DATE	CIGARETTES / LITTLE CIGARS		ROLL-YOUR-OWN		OTHER TOBACCO PRODUCTS		E-CIGARETTES CLOSED SYSTEM		E-CIGARETTES OPEN SYSTEM	
				NUMBER OF STICKS	TAX DUE (# OF STICKS x .089)	NUMBER OF OUNCES	TAX DUE (# OF OZ./09 x .089)	WHOLESALE SALES PRICE	TAX DUE (WHOLESALE SALES PRICE x .6503)	VOLUME OF MILLILITERS	TAX DUE (.30 / ML)	WHOLESALE SALES PRICE	TAX DUE (WHOLESALE SALES PRICE x .08)
Subtotal of Taxes Due by Category													

FILE ONLINE AT GRANITE TAX CONNECT [gtc.revenue.nh.gov/TAP/\\_/](http://gtc.revenue.nh.gov/TAP/_/)  
or mail to NH DRA, PO Box 637, Concord, NH 03302-0637.

Total Tax Due All Categories

Interest

Failure to Pay Penalty

Failure to File Penalty

Total

**STEP 3 - SIGNATURES**

Under penalties of perjury, I declare that I have examined this return and to the best of my belief it is true, correct and complete.  
If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.

_____ Signature of Consumer (in Ink)	_____ MMDDYYYY	Preparer's Tax ID <input type="text"/>	Preparer's Address, City, State, Zip
_____ Signature of Preparer (in Ink)	_____ MMDDYYYY	Preparer's Phone <input type="text"/>	<input type="text"/>
		Print Preparer's Name <input type="text"/>	