

**NICOTINE & ELECTRONIC SMOKING
PRODUCTS TAX**

EIN/SSN:# _____

Please Check Appropriate Box:

Separate Return

Check box if AMENDED Return

Name of Retailer	Reporting Period (Quarter & Year)
Mailing Address	
1. Total gross receipts for nicotine products sold (Gross receipts) 2. Total gross receipts for Electronic Smoking Products sold (Gross receipts) 4. Balance of Tax Due (Line 1 plus Line 2) 5. TOTAL TAX DUE (Line 4 multiply by 22%) \$	

Check here if payment
is made by wire transfer