Reset Form

Ohio | Department of Taxation

P.O. Box 530
Columbus, OH 43216-0530

Report of Out-of-State Sales of Cigarettes

Complete a separate form for each state in which cigarettes were sold.

CIG 95
Rev. 3/09

File in duplicate*

Cigarettes transferred into (list state)	Month Year 20 _____
Name	FEIN
DBA	Social Security number
Street address	Cigarette license number
City State ZIP code	Ohio's wholesale account number

Columns

1. Date of shipment or transfer out of state.
2. Indicate how shipped: DT, Distr Truck; CC, Common Carrier; PP, Parcel Post; CT, Customer Truck.
3. Invoice number of product shipped into another wholesaler.
4. Complete name, address and city of company or person to whom cigarettes were sold.
5. Number of packages of 20's (only required if your state requires you to report in pack quantities).
6. Number of packagse of 25s (only required if your state requires you to report in pack quantities).
7. Number of packages of other pack sizes (only required if your state requires you to report in pack quantities).
8. The total number of sticks per invoice (only required if your state requires you to report in stick quantities).
9. Indicate whether shipped cigarettes were tax paid (only in states where untaxed shipments are allowable).

(1) Date	(2) How Shipped	(3) Invoice Number	(4) Name and Address of Buyer	(5) # of Packs (20s)	(6) # of Packs (25s)	(7) Other (specify)	(8) # of Cigarettes (total sticks)	(9) Tax Paid (yes/no)

*This report is to be made in triplicate. Mail original and copy to Ohio Department of Taxation, Excise Tax Section, P.O. Box 530, Columbus, OH 43216-0530. Retain additional copy for your files.

Subtotal: This page only _____

Grand total _____