

**TEXAS DISTRIBUTOR RECEIVING RECORD OF CIGARETTES**(Attach this form to your Texas Distributor Monthly Report of Cigarettes and Stamps, Form 69-100, for the same filing period.)

a. Taxpayer number	c. Filing period  Month ending				
		<u> </u>			
d. Taxpayer name					
e. Physical address of permitted location (Street)					
City	St	State		ZIP Code	
1. MANUFACTURER, IMPORTER, OR SUPPLIER'S NAME	2. REC	EIVED ATE	3. INVOICE NUMBER	4. NO. of Cl	GARETTES
SUPPLIER'S NAME	D	ATE	NUMBER	20's	25's

# INSTRUCTIONS FOR COMPLETING TEXAS DISTRIBUTOR RECEIVING RECORD OF CIGARETTES

Under Ch. 559, Government Code, you are entitled to review, request and correct information we have on file about you, with limited exceptions in accordance with Ch. 552, Government Code. To request information for review or to request error correction, contact us at the address or phone numbers listed on this form.

# **GENERAL INFORMATION**

- Who Must File: Texas cigarette distributors who receive untaxed cigarettes from a manufacturer, importer or other supplier during the report filing period.
- When to File: Mail the receiving record of cigarettes form(s) along with your Texas Distributor Monthly Report of Cigarettes and Stamps (Form 69-100) for the same filing period on or before the due date listed on Form 69-100.

# **SPECIFIC INSTRUCTIONS**

- Item a Taxpayer number Enter your 11-digit taxpayer number as shown in Item c of the Texas Distributor Monthly Report of Cigarettes and Stamps.
- Item c Filing period Enter the report filing period. The filing period should be the same as the filing period shown in Item d of your Texas Distributor Monthly Report of Cigarettes and Stamps to which this receiving record of cigarettes form is attached.
- Item d Taxpayer name Enter your entity/taxpayer name as shown in Item g of your Texas Distributor Monthly Report of Cigarettes and Stamps.
- Item e Physical address of permitted location Enter the physical address of your cigarette tax permitted location. Do not use a rural route or P.O. Box.
- **Item 1 -** Manufacturer, importer, or other supplier's name Enter the name of the manufacturer, importer, or other supplier from whom cigarettes were received or purchased.
- Item 2 Received date Enter the date that identifies the receipt of cigarettes purchased or received from a manufacturer, importer, and/or other supplier.
- Item 3 Invoice number Enter the invoice number that identifies the receipt of cigarettes purchased or received from a manufacturer, importer, and/or other supplier.
- Item 4 Number of Cigarettes Enter the actual number of cigarettes (sticks) purchased or received from a manufacturer, importer, and/or other supplier.

# **FOR ASSISTANCE**

For questions regarding Texas cigarette tax, contact the State Comptroller at (800) 862-2260 or (512) 463-3731.