



# CITY OF ST JOSEPH MONTHLY CIGARETTE TAX REPORT FOR MONTH OF:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

1. Total Number of Cigarettes Sold:

\_\_\_\_\_ Packages x 20's = \_\_\_\_\_

\_\_\_\_\_ Packages x 25's = \_\_\_\_\_

2. Less Cigarettes Returned \_\_\_\_\_

3. Net Cigarettes (Line 1 minus line 2) \_\_\_\_\_

4. Tax Rate \_\_\_\_\_ .0025

5. Total Tax (Multiply line 3 by line 4) \_\_\_\_\_

6. Discount (Multiply 5 x 4%) \_\_\_\_\_

7. Tax Due (Subtract Line 6 from line 5) \_\_\_\_\_

Other Adjustments: (Please Specify)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed/Title : \_\_\_\_\_ Date: \_\_\_\_\_