

# Form 70-1

## Wyoming Tax Return - Cigarette Wholesaler's Monthly Return

WYOMING DEPARTMENT OF REVENUE  
122 W 25TH ST STE E301  
HERSCHLER BUILDING EAST  
CHEYENNE WY 82002-0110

< For Dept Use Only >

Please use black ink to complete form

Name & Address	Ownership RID:	License Number:
		Report Period: _____ through _____
		Return Due Date: _____
		Check here if this is an amended return > <input type="checkbox"/>

### Section I - Stamp Reconciliation:

A.	Beginning inventory of Wyoming unaffixed stamps	
B.	Beginning inventory of Wyoming - stamped packages	
C.	Wyoming stamps purchased during this report period	
D.	Total stamp inventory (Add Lines A, B and C)	
E. Deductions:	1. Number of unsellable stamped packages returned to manufacturer	
	2. Number of unused / un-cancelled stamps returned to Department of Revenue	
	3. Unaccountable stamps	
	4. Ending inventory, unaffixed stamps	
	5. Ending inventory, stamped packages	
F.	Total deductions (Add Lines E1 through E5)	
G.	Total stamped packages sold/delivered during month (Line D minus Line F)	

### Section II - Cigarette Sales (Packages)

	Packages (20 count)	Packages (25 count)
H. Total stamped packages sold/delivered in WY during the month (Totals will equal total of Section II on attached pages)		
I. Packages sold on Wind River Reservation - unstamped packages		

### Section III - Calculation of Cigarette Taxes Due

J.	Number of 25-count, stamped cigarette packages sold during the month	
K.	Multiplication factor per package (14.10 cents)	0.1410
L.	Tax due (Line J times Line K)	

Signature: \_\_\_\_\_

I declare, under penalty of perjury, that I have examined this return and to the best of my knowledge and belief it is correct and complete.

Date business permanently closed: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Printed Name: \_\_\_\_\_