

Form 70-2

Wyoming Tax Return - Cigarette Wholesaler's Monthly Return Supplement

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

	< For Dept Use Only >							
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Please use black ink to complete form

Ownership RID: <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div>	License Number: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
Name & Address	Report Period: through <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
	Return Due Date: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
Check here if this is an amended return > <input type="checkbox"/>	

Section II - Stamped Cigarette Sales

License Number	DBA Name	Location Address	City	Number 20 count packs	Number 25 count packs
Total Packs					