

Form 71

Wyoming Tax Return - Nicotine Products Wholesaler Quarterly Return

Wyoming Dept of Revenue
122 W 25th St Suite E301
Cheyenne, WY 82002-0110

< For Dept Use Only >

Please use black ink to complete form

Ownership RID: _____ Name & Address _____ _____ _____	License Number: _____ Report Period: _____ through _____ Return Due Date: _____ Check here if this is an amended return > <input type="checkbox"/>
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	Column 1 Electronic Cigarettes and Vapor Material	Column 2 All Other Tobacco Products	Column 3 Moist Snuff Only
Section I - Gross Purchase Price of Electronic Cigarettes and Vapor Material, Moist Snuff & Other Tobacco Products (OTP)			
A. In State Wholesaler: Total Gross Purchase Price Paid To Manufacturer			
B. Out of State Wholesaler: Total Gross Purchase Price Paid to Manufacturer of Product Imported Into WY			
C. Deductions (See instructions)			
D. Net Purchase Price (Line A or Line B - Line C)			

Section II - Tobacco Tax on Electronic Cigarettes and Vapor Material

E. 15% Tax on All Electronic Cigarettes and Vapor Material	Net Purchase Price (From Line D, Column 1)	Tax 15%	Tax Owed
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Section III - Tobacco Tax on Other Tobacco Products

F. 20% Tax on All Other Tobacco Products	Net Purchase Price (From Line D, Column 2)	Tax 20%	Tax Owed
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Section IV - Tobacco Tax on Moist Snuff Products

G. Taxable Moist Snuff, Weighing Less than 1 Ounce Per Unit: (See instructions - i.e. 170 units * \$0.60 = \$102.00)	# of Units	Tax per Unit \$0.60	Tax Owed
H. Taxable Moist Snuff, Weighing 1 Ounce or More Per Unit: (See instructions - i.e. 215.2 ounces * \$0.60 = \$129.12)	# of Ounces	Tax per Ounce \$0.60	Tax Owed

Section V - Summary of Tax Due on Electronic Cigarettes, Vapor Material, Other Tobacco Products & Moist Snuff

I. Total Tax Owed (Add Lines E, F, G, and H)	
J. Discount (Line I multiplied by 0.04)	
K. Total Tax Due: (Line I minus Line J)	
L. 5% Penalty If Not Postmarked By The 20th (0.05 multiplied by Line K)	
M. 1% Penalty for Each Month, or Fraction Thereof, Delinquent (0.01 multiplied by number of months or partial months late, multiplied by Line K)	
N. Credit	
O. Total Due (Add Lines K, L and M; subtract Line N if applicable)	

Signature _____

Date: _____

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.

Title: _____

Phone Number: _____

Date business closed: _____

Printed Name: _____