

# Form 72

## Wyoming Tax Return - Consumer Cigarette and Nicotine Products Monthly 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:		Report Period: _____ through _____
Name & Address		Return Due Date: _____
		Check here if this is an amended return → <input type="checkbox"/>

### Section I - Use Tax Due on All Purchases

<b>A.</b> Use Tax Due on All Tobacco Products (Cigarettes, moist snuff, dry snuff, cigars, Electronic Cigarettes, Vapor material, etc) <b>See tax rate chart online for proper rate</b>	Purchase Price	Tax Rate %	Tax Owed
--	----------------	---------------	----------

### Section II - Cigarette Tax on Packages of Cigarettes

<b>B.</b> Packages Containing 20 Cigarettes (i.e. 30 packages * \$0.60 = \$18.00)	# of Packages	Tax per Pkg <b>\$0.60</b>	Tax Owed
<b>C.</b> Packages Containing 25 Cigarettes (i.e. 10 packages * \$0.75 = \$7.50)	# of Packages	Tax per Pkg <b>\$0.75</b>	Tax Owed

### Section III - Tobacco Tax on Electronic Cigarettes and Vapor Material

<b>D.</b> 7.5% Tax on All Electronic Cigarettes and Vapor Material	Purchase Price	Tax <b>7.5%</b>	Tax Owed
--	----------------	--------------------	----------

### Section IV - Tobacco Tax on Other Tobacco Products

<b>E.</b> 10% Tax on All Other Tobacco Products (includes but is not limited to: cigars, dry snuff, roll-your-own tobacco)	Purchase Price	Tax <b>10%</b>	Tax Owed
--	----------------	-------------------	----------

### Section V - Tobacco Tax on Moist Snuff Products

<b>F.</b> Taxable Moist Snuff, Weighing <b>Less than 1 Ounce Per Unit:</b> (See instructions - i.e. 17 units * \$0.60 = \$10.20)	# of Units	Tax per Unit <b>\$0.60</b>	Tax Owed
<b>G.</b> Taxable Moist Snuff, Weighing <b>1 Ounce or More Per Unit:</b> (See instructions - i.e. 22.50 ounces * \$0.60 = \$13.50)	# of Ounces	Tax per Ounce <b>\$0.60</b>	Tax Owed

### Section VI - Summary of Tax due

<b>H.</b> Total Tax Owed (Add Tax Owed Amount from Lines A through G)	
---	--

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

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

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: \_\_\_\_\_

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

Last 4 numbers of SSN: \_\_\_\_\_