



Massachusetts Department of Revenue

Form CTS-8

Record of Cigarette and Smokeless Tobacco Sales or Disposition

This form, along with payment of tax due, is due on or before the 20th day of each calendar month for the preceding month.

Name of licensee License number Account ID number
Mailing address
City/Town State Zip
Phone number Tax filing period (mm/yyyy)

Table with 3 columns: Quantity of cigarettes in package, a. Number of packages, b. Tax per package, c. Total col. a x col. b. Rows 1-5 for cigarette packages.

Table with 3 columns: a. Purchase price, b. Tax rate, c. Total col. a x col. b. Rows 6-11 for total due and payable.

General Information

This return must be filed by all manufacturers, transportation companies and unclassified acquirers and such other persons as the Commissioner may authorize to sell unstamped cigarettes, smokeless tobacco, cigars and smoking tobacco in the Commonwealth of Massachusetts.

File this return with payment in full to: Massachusetts Department of Revenue, PO Box 7004, Boston, MA 02204. Make check or money order payable to Commonwealth of Massachusetts.

Declaration

Under the penalties of perjury, I declare that the following is a true and correct statement of all sales and other disposition of cigarettes within the Commonwealth of Massachusetts during the above-named month.

Signature Title Date

STAPLE CHECK HERE