Massachusetts Department of Revenue

Schedule B

Branch or Stamper Location List

Business name	Name of contact person	Phone number of contact person	Taxpayer Identification number

Mailing address	City/Town	State	Zip	Number of locations (from Form CTL)

Location of branch or stamper

This must be filed with Form CTL, Application for All Cigarette Licenses. Complete information must be provided below for each branch or stamper location.

Name	Street address	City/Town	Phone number	Branch or stamper