

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 DEPARTMENT OF REVENUE  
 DIVISION OF TAXATION  
 ONE CAPITOL HILL  
 PROVIDENCE, RI 02908

**EXCISE SECTION**  
**REQUISITION FOR CIGARETTE TAX STAMPS**  
 (STAMPS FOR CIGARETTE ROLLING PAPER ONLY)

DATE		
NAME		
ADDRESS		
CITY	STATE	ZIP CODE
DEALER OR DISTRIBUTOR (circle one)	LICENSE NUMBER:	
IS THIS A CASH OR CHARGE ORDER (circle one)		
TAX OFFICE USE ONLY	AUDIT [    ]	USE TAX [    ]    CARRIER [    ]

THIS SPACE FOR TAX  
DIVISION USE ONLY

**PREPARE THIS ORDER IN DUPLICATE, KEEPING A COPY FOR YOUR FILES.**

**(PLEASE ORDER STAMPS IN UNBROKEN SHEETS OF 100)**

**UNLESS YOU HAVE ARRANGED CREDIT, ENCLOSE A REMITTANCE FOR  
 THE NET AMOUNT OF THIS ORDER PAYABLE TO TAX ADMINISTRATOR**

Please furnish the Cigarette Tax Stamps listed below:

Please furnish the Cigarette Tax Stamps listed below:				TAX DIVISION USE ONLY - CRP STAMP SHEET NUMBERS			
NUMBER OF STAMPS	CRP DENOMINATIONS	VALUE		BEGINNING NUMBER	ENDING NUMBER	NUMBER OF STAMPS	
	(24's) Purple \$2.952						
	(32's) Purple \$3.936						
	(48's) Purple \$5.904						
	(50's) Purple \$6.150						
	(100's) Purple \$12.30						
	Other						
TOTAL FACE VALUE STAMPS							
1.25% DISCOUNT ALLOWED LICENSED DISTRIBUTORS ONLY							
NET VALUE OF ORDER							

THIS ORDER WILL NOT BE FILLED  
UNLESS SIGNED

THE UNDERSIGNED HAS RECEIVED THE CIGARETTE  
ROLLING PAPER STAMPS LISTED ABOVE.

\_\_\_\_\_  
Distributor or Dealer

\_\_\_\_\_  
Authorized Agent

\_\_\_\_\_  
Date