

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**  
**(CIGARETTE ROLLING PAPER STAMPS MUST BE ORDERED ON FORM T-11A)**

DATE		
NAME		
ADDRESS		
CITY	STATE	ZIP CODE
LICENSE NUMBER:		
IS THIS A CASH OR CHARGE ORDER (circle one)	TELEPHONE NUMBER	
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.  
SUBMIT THE ORIGINAL TO THE DIVISION OF TAXATION AT TIME OF PURCHASE.**

**(DO NOT COMBINE ORDERS FOR 20'S AND 25'S ON SAME FORM)**

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

*Please furnish the Cigarette Tax Stamps listed below:  
All purchases must be made at the RI Division of Taxation, Cashier's Office*

			TAX DIVISION USE ONLY	
NUMBER OF STAMPS	DENOMINATIONS	VALUE	BEGINNING NUMBER	ENDING NUMBER
	Loose 20's @ \$            per stamp			
	Loose 25's @ \$            per stamp			
	<b>Fusion Stamps</b>			
# _____ Rolls	\$ _____ /Roll			
TOTAL FACE VALUE STAMPS				
1.25% DISCOUNT ALLOWED (LICENSED DISTRIBUTORS ONLY)				
NET STAMP ORDER				
PREPAID SALES TAX @ \$            per roll x # of rolls				
PREPAID SALES TAX @ \$            per stamp x # of stamps				
TOTAL 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

**#12 (cash)**  
**#58 (credit)**