State of Rhode Island and Providence Plantations

Form T-29

Application for Refund of Cigarette Tax

16126499990101

Name of licensee			Federal employer identification number
Address			Distributor number
Address 2			
City, town or post office	State	ZIP code	E-mail address

This form to be executed only for refund payments made by Cigarette Tax section

To the Tax Administrator:

Application is hereby made for refund on the cigarette tax stamps or licenses shown below and for the reason stated in accordance with the provisions of Chapter 20 of Title 44 of the General Laws of 1956 as amended.

Cigarettes:

	Date	Denomination	Number of Stamps		Face Value of Stamps
1				1	
2				2	
3	Total face value of stamps. Add lines 1 and 2			3	
4	Less 1.25% (0.0125) discount. Multiply line 3 by 0.0125			4	
5	Total refund to be allowed at 98.75% (0.9875). Subtract line 4 from line 3			5	

Little Cigars:

	Sticks per Stamp	Sticks per Pack Sold	Total Sticks	Rate per Stick	# of Packs	Amount	Refund Rate		Refund Amount
6	**20**	**-**	**=**	**X 0.1875**	**X**	**=**	**X 98.75%**	6	
7	**20**	**-**	**=**	**X 0.1875**	**X**	**=**	**X 98.75%**	7	
8	Total refund to be allowed. Add lines 6 and 7							8	

Refund is requested for the reason(s) circled:

1) Stamps mutilated

2) Licensee discontinuing the affixing of Tax Stamps **(Redemption of unused cigarette Tax Stamps will be refunded at 98% of their face value)**

3) Cigarettes old, dry, and unsalable to be destroyed by manufacturer (attach original manufacturer affidavit(s)

4) Other _____ (attach purchase invoices)

The undersigned hereby certifies that he/she is properly authorized by said distributor to sign this report, that he/she has personal knowledge of the figures and other information constituting the report and that this report, the schedules and statements herein contained are true and complete to the best of his/her knowledge and belief. The undersigned also hereby declares that this report is made under the penalties of perjury.

Authorized person's signature	Title	Date
Print name	Distributor name	Telephone number

May the Division of Taxation contact your preparer? YES ☐

Mail to RI Division of Taxation - One Capitol Hill - Providence, RI 02908