

Department of Revenue Services  
 PO Box 5018  
 Hartford CT 06102-5018

# Schedule A-3

## Tobacco Products Tax - Resident Distributor

### Record of snuff tobacco products purchased, imported, received, or acquired in Connecticut

(Rev. 05/09)

Include the total of Schedule A-3 on Line 9 of **Form OP-300**, *Tobacco Products Tax Return*. Attach Schedule A-3 to the return.  
 Attach additional sheets if needed.

Name \_\_\_\_\_ Period ending \_\_\_\_\_ CT Tax Registration Number \_\_\_\_\_

Address \_\_\_\_\_

Invoice Number Column 1	Date Column 2	Purchased, Imported, Received, or Acquired From Column 3	Seller's FEIN Column 4	Brand Name Column 5	Quantity Column 6	Weight Each (in ounces) Column 7	Total Weight (Col. 6 x 7) Column 8
Include this amount on Line 9 of Form OP-300.							<b>Total</b>