

**Instructions for Completing
Cigar Shop Reporting Form
Quarterly/ Yearly**

Form # 35-7500

Trade Name: Enter DBA as reflected on license
Premise Address: Enter Premise Address as reflected on license
Mailing Address: Enter Address in which you would like to receive Commission mail
City: Enter Name of City / Village
County: Enter County Name
Phone#: Enter Premise Phone number
Zip Code: Enter Premise Zip Code
License #: Enter Class and Number as reflected on license
Filing Period: Enter Beginning & Ending Dates

Section One

Revenues: Enter Revenue by category columns one thru five and enter totals

Section Two

Purchase Costs: Enter cost of product by category columns one thru five and enter totals

Final Calculations

Line #1 Gross Revenue: Enter totals from section one (columns 1 thru 5 on line 1)

Line #2: Multiply line 1 by line 2

Line #3: Enter result from calculation

Line #4: Enter totals from section one column 1 thru 3

Note: All entries in section 2 and 3 must be strongly supported by original documents. Field Audits will be conducted to verify all entries.

***TAX REPORTS MUST BE FILED WITHIN 30 DAYS FOM REPORTING DATE**