

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 \$4.152					
	(32's) Purple \$5.536					
	(48's) Purple \$8.304					
	(50's) Purple \$8.650					
	(100's) Purple \$17.30					
	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