DR 0224 (04/25/24) COLORADO DEPARTMENT OF REVENUE

Excise Tax Accounting Section P.O. Box 17087 Denver CO 80217-0087 Tax.Colorado.gov DOR ExciseTax@state.co.us

## **Cigarette Inventory Tax Return**

## **General Information**

## **Who Must File**

This return must be filed, along with applicable payment, by all licensed cigarette distributors & subcontractors on or before the tenth day of the month following the required inventory.

## Instructions

Enter the Cigarette License account number, the FEIN, business name, or your name, if applicable, and the license address. Sign and date in the spaces provided.

To obtain a refund for unused stamps, submit form DR 0137E - Excise, Fee and Fuel Claim for Refund along with the unused stamps.

If filing a paper return, mail it to:

Colorado Department of Revenue Excise Tax Unit PO Box 17087 Denver, CO 80217

NOTE: RETURNED STAMPS PURCHASED WITHIN ONE YEAR OF THE PURCHASE/ISSUANCE DATE ARE ELIGIBLE FOR A REFUND.

## **Specific Line Instructions**

#### Line 1

Enter the number of unaffixed individual Type 121 Stamps in the possession of the distributor at 12:01 a.m. on the day the rate increase takes effect, i.e. 12:01 a.m. 07/01/2024 or 12:01 a.m. 07/01/2027.

#### Line 2

Enter the number of unaffixed individual Type 122 Stamps in the possession of the distributor at 12:01 a.m. on the day the rate increase takes effect, i.e. 12:01 a.m. 07/01/2024 or 12:01 a.m. 07/01/2027.

## Line 3

Enter the number of unaffixed individual Type 123 Stamps in the possession of the distributor at 12:01 a.m. on the day the rate increase takes effect, i.e. 12:01 a.m. 07/01/2024 or 12:01 a.m. 07/01/2027.

#### Line 4

Enter the number of unaffixed individual Type 126 Stamps in the possession of the distributor at 12:01 a.m. on the day the rate increase takes effect, i.e. 12:01 a.m. 07/01/2024 or 12:01 a.m. 07/01/2027.

#### Line 5

Enter the total number non-modified risk (stamps with a green C) stamps affixed to a pack of cigarettes for ALL 121, 122, 123, and 126 stamp types in the possession or control of the distributor or subcontractor at 12:01 a.m. the day of a rate increase. i.e. 12:01 a.m. 07/01/2024 or 12:01 a.m. 07/01/2027.

It is unlawful for any person to affix a Colorado tax stamp on the day of or after a rate increase takes effect, to a package of cigarettes that reflects payment of the tax imposed prior to the increase.

## Line 6

Non-Modified Inventory Tax Rate - The difference between old tax rate and the new tax rate.

#### Line 7

Non-Modified Risk Inventory Tax Amount - Multiply line 5 by line 6.

## Line 8

Enter the total number of unaffixed individual Type 127 Stamps in the possession of the distributor at 12:01 a.m. on the day the rate increase takes effect, i.e. 12:01 a.m. 07/01/2024 or 12:01 a.m. 07/01/2027.

#### Line 9

Enter the total number of unaffixed individual Type 128 Stamps in the possession of the distributor at 12:01 a.m. on the day the rate increase takes effect, i.e. 12:01 a.m. 07/01/2024 or 12:01 a.m. 07/01/2027.

#### Line 10

Enter the total number modified risk (stamps with a gray C) stamps affixed to a pack of cigarettes for ALL 127 and 128 stamp types in the possession or control of the distributor or subcontractor at 12:01 a.m. the day of a rate increase. i.e. 12:01 a.m. 07/01/2024 or 12:01 a.m. 07/01/2027.

It is unlawful for any person to affix a Colorado tax stamp on the day of or after a rate increase takes effect, to a package of cigarettes that reflects payment of the tax imposed prior to the increase.

#### Line 11

Modified Risk Inventory Tax Rate - The difference between old tax rate and the new tax rate.

#### Line 12

Modified Risk Inventory Tax Amount - Multiply line 10 by line 11.

## Line 13

Total inventory tax due. Add Lines 7 and 12.

#### Line 14

Service Fee Allowed Vendor - Multiply line 13 by 3% (0.03) when filed and paid timely.

#### Line 15

Net Tax Due - Line 13 minus line 14.

## Line 16

Penalty. If payment and/or return are submitted after the due date, multiply line 13 by 10% (0.10), plus 1/2% (0.005) for each additional month, not to exceed 18% (0.18).

## Line 17

Interest. If payment is submitted after the due date, multiply line 13 by applicable interest rate.

## Line 18

Amount owed. Add Lines 15, 16, and 17.

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# **Cigarette Inventory Tax Return**

|   | Check box if no activity during period   |        | check box if | this is ar | Amended Report                   |         |                |    |
|---|--|--------|--------------|------------|----------------------------------|---------|----------------|----|
| DOR Account Number (cigarette license account) Filing |  |        | ng Period    |            | Due Date                         |         | 0224-1         | 02 |
| Business name or Last name First name                 |  |        | First name   |            |                                  |         | Middle Initial |    |
| Address City  |  |        |              | State      | ZIP                              |         |                |    |
|   |  |        |              |            | Cigarette<br>(Non-Modified Risk) | М       | Modified Risk  |    |
| 1.  | Total of Unaffixed Type 121 Stamps on Hand the Rate Increase Takes Effect - (20 Count Sh   |        |              |            |                                  |         |                |    |
| 2.  |  |        |              |            |                                  |         |                |    |
|   | the Rate Increase Takes Effect - (20 Count Rolls, 30,000 per Box)  |        |              |            |                                  |         |                |    |
| 3.  | Total of Unaffixed Type 123 Stamps on Hand as of 12:01 a.m. on the   |        |              |            |                                  |         |                |    |
|   | Day the Rate Increase Takes Effect - (20 Count Rolls, 7,200 per Box) 3   |        |              |            |                                  |         |                |    |
| 4.  | Total of Unaffixed Type 126 Stamps on Hand as of 12:01 a.m. on the   |        |              |            |                                  |         |                |    |
|   | Day the Rate Increase Takes Effect - (20 Count Wide, 3,750 per Box) 4  |        |              |            |                                  |         |                |    |
| 5.  | Total Number of All Affixed 121, 122, 123,   | and 12 | 6 Stamp Ty   | pes at     |                                  |         |                |    |
|   | 12:01 a.m. the Day of the Rate Increase 5  |        |              |            |                                  |         |                |    |
| 6.  | Non-Modified Inventory Tax Rate - \$0.30 for July 2024, \$0.40 for   |        |              |            | \$0.30                           |         |                |    |
|   | July 2027  |        |              | 6          | <b></b>                          |         |                |    |
| 7.  | Non-Modified Risk Inventory Tax Amoun  | nt     |              | _          |                                  |         |                |    |
| 0   | Multiply Line 5 by Line 6  | of 1   | 2.01         | 7          |                                  | 0       |                |    |
| 8.  | Total of Unaffixed Type 127 Stamps on Hand as of 12:01 a.m. on the   |        |              |            |                                  |         |                |    |
| 9.  | Day the Rate Increase Takes Effect - (20 Count Rolls, 30,000 per Box) 8 Total of Unaffixed Type 128 Stamps on Hand as of 12:01 a.m. on           |        |              |            |                                  |         |                |    |
| 9.  | the Day the Rate Increase Takes Effect - (2  |        |              |            |                                  |         |                |    |
|   | per Pad)   | -0 000 | ini Oncolo,  | 9          |                                  |         |                |    |
| 10.   | Total Number of ALL Affixed 127 and 128 S  | Stamps | s at 12:01 a |            |                                  |         |                |    |
|   | day of the rate increase 10  |        |              |            |                                  |         |                |    |
| 11.   | . Modified Risk Inventory Tax Rate - \$0.15 for July 2024, \$0.20 for  |        |              |            |                                  |         | <b>***</b>     |    |
|   | July 2027. <b>11</b>   |        |              |            |                                  |         | \$0.15         |    |
| 12.   | Modified Risk Tax Amount   |        |              |            |                                  |         |                |    |
|   | Multiply Line 10 by Line 11  |        |              | 12         |                                  |         |                | 00 |
| 13.   | Total Tax Due  |        |              |            |                                  |         |                |    |
| 4.4   | Add Lines 7 and 12   | 40.1   | 00/ 14/1 5   | 13         |                                  |         |                | 00 |
| 14.   | Service Fee Allowed Vendor - Multiply line   | 13 by  | 3% when F    |            |                                  |         |                | 00 |
|   | and Paid Timely  |        |              | 14         |                                  |         |                | 00 |
| 15  | Net Tax Due - Line 13 minus Line 14  |        |              | 15         |                                  |         |                | 00 |
|   | Penalty - If Payment and/or Return are Submitted Afte  |        |              |            |                                  |         |                |    |
|   | Date, Multiply Line 13 by 10% (0.10), Plus ½% (0.005) for Each   |        |              |            |                                  |         |                |    |
|   | Additional Month, Not to Exceed 18% (0.18)   |        |              |            |                                  |         | 00             |    |
| 17.   | 7. Interest - If Payment is Submitted After the Due Date, Multiply Line 13   |        |              |            |                                  |         |                |    |
|   | by Applicable Interest Rate  |        |              | 17         |                                  |         |                | 00 |
| 18.   | Amount Owed  |        |              |            |                                  |         |                |    |
|   | Add Lines 15, 16, and 17   |        |              | 18         |                                  |         |                | 00 |
|   | State may convert your check to a one time electronic banking transa<br>e returned. If your check is rejected due to insufficient or uncollected |        |              |            |                                  |         |                |    |
|   | ned under penalty of perjury in the second   | degree | Э.           |            |                                  |         |                |    |
| Signature of Agent or Officer Title                   |  |        |              |            |                                  | Date (I | MM/DD/YY)      |    |
|   |  |        |              |            |                                  |         |                |    |