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

Schedule A-3 Tobacco Products Tax - Resident Distributor

(Rev. 09/17)

Record of snuff tobacco	products purchase	ed, imported, rec	eived, acquired,	or manufactured in	Connecticut

Name	Period ending
Address	CT Tax Registration Number

Enter the total of Schedule A-3 on Form OP-300, Tobacco Products Tax Return, Line 7. Attach Schedule A-3 to the return. Attach additional sheets if needed

Invoice Date	Invoice Number	Purchased, Imported, Received, or Acquired From	Brand Name	Quantity	Weight Each (in ounces)	Total Weight (Quantity multiplied by weight)
Enter this amo	Enter this amount on Form OP-300, Line 7.					