

**CG-403**EFO00124  
06-06-08**IDAHO STATE TAX COMMISSION  
TAX DISCOVERY BUREAU**

P.O. Box 36 • Boise, Idaho 83722-0036

**REQUEST FOR CIGARETTE STAMP DESTRUCTION**

Name of Business	Employer I.D. No.
Address	Permit Number
City, State, Zip	Phone Number

The unusable stamps are located in the warehouse of \_\_\_\_\_  
Wholesaler  
 at \_\_\_\_\_,  
Street Address City, County

The unusable stamps will be destroyed on \_\_\_\_\_ at \_\_\_\_\_ AM/PM.  
Date Time  
 \_\_\_\_\_ total stamps will be destroyed. We will take credit in this amount on our next monthly tax return

**REASON FOR DESTRUCTION**

Reason	Number of Stamps (20s)	Number of Stamps (25s)
<b>Erroneously applied</b>		
<b>Unusable/Damaged</b> <i>stamps returned to the Tax Commission</i>		
<b>Other</b> <i>specify below</i>		
<b>TOTALS</b>		

**METHOD OF DESTRUCTION OF STAMPS**


Under penalties of perjury, I certify that the above amount is true and correct and that the products have become unusable and will be destroyed on the date and time shown above. I understand that I must have an approved copy of this certificate in my possession before destroying the product(s) identified on this application. I further understand that a representative from the Idaho State Tax Commission may be present to witness the destruction.

Authorized Signature	Title	Date
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Complete the upper portion of this application. Keep one copy. Mail the original and one copy to the Tax Commission **10 days before the proposed destruction date**. Don't destroy the products until you receive the approved original from the Tax Commission.

Attach a copy of the approved original form to the tax report for the month in which the tobacco products were destroyed.

**FOR STATE USE ONLY**

Approved by	Title	Date
Approved but not witnessed, allowed by Rule 35.01.10.024	Title	Date