

# FORM 1550 INSTRUCTIONS

## Idaho Cigarette Tax Return

YOU MUST FILE A RETURN FOR EACH FILING PERIOD, EVEN WHEN NO TAX IS DUE.  
LABELS ARE INCLUDED FOR YOUR CONVENIENCE.

Every person who applies cigarette stamps must file a monthly cigarette tax return. The return is due on the 20th day of the month immediately following the tax period. You must report TOTAL CIGARETTES or TOTAL STAMPS, NOT cartons or rolls.

If you're required to file a monthly report with Idaho to comply with the federal Prevent All Cigarette Trafficking (PACT) Act, the PACT Act report is due by the 10th day of the month. Instead of filing a PACT Act report on the 10th and your tax return on the 20th, you can meet both filing requirements by filing your tax return on the 10th. **However, you must include with your return either an addendum or internal report that lists the brand of cigarettes and smokeless tobacco you're selling.**

If you're a delivery seller, please include the name, address, and phone number of your common carrier. You still have the option of paying any tax you owe on or before the 20th.

You must file the return even if you didn't owe any tax for the period. You must sign your return to make it valid. Unsigned returns may result in penalty or interest, or both. Indicate your title, the date, and phone number of your business.

Verify your information on the form. Draw a line through any errors and write in the correct information. If you've made changes, mark the "Address change" box. Check the "Cancel permit" box if you want to cancel your Idaho Cigarette Tax Permit.

IN-STATE WHOLESALERS/STAMPERS - Complete all forms.

MANUFACTURERS AND OUT-OF-STATE WHOLESALERS/STAMPERS - Complete Form CG 1550 (lines 6 thru 21b). Also, complete CG 1503A and B when an entry is made on line 8 or 9.

**SCHEDULES** - If you need schedules, visit our website at [tax.idaho.gov](http://tax.idaho.gov) and click on "Tax Types," then select "Cigarette tax" ([tax.idaho.gov/i-1047](http://tax.idaho.gov/i-1047)), or call us at 334-7660 in the Boise area or toll free at (800) 972-7660.

### FORM CG 1550 CIGARETTE TAX RETURN

#### PART I - CIGARETTE INVENTORY RECONCILIATION (Report all figures in number of cigarettes.)

**Line 1.** Beginning inventory of unstamped cigarettes. This should be the amount reported as the ending inventory from the previous tax return.

**Line 2.** Purchases of unstamped cigarettes. Complete Form CG 1501-A through CG 1501-F. Summarize all purchases on CG 1501-F, Part II, line 7.

**Line 3.** Add lines 1 and 2.

**Line 4.** Ending inventory of unstamped cigarettes. Take a physical count of your unstamped cigarettes at the close of business on the last working day of the tax period. Enter the number of unstamped cigarettes on hand. Include out-of-state and tribal-stamped cigarettes.

**Line 5.** Subtract line 4 from line 3. Enter the amount here.

**Line 6.** MANUFACTURERS AND OUT-OF-STATE WHOLESALERS/STAMPERS begin here. (In-State Wholesalers/Stampers don't use this line.) Enter the number of cigarettes shipped into Idaho.

**Line 7.** Out-of-State Sales. List only cigarettes sold outside of Idaho. Complete Form CG 1502 and enter the amount from line 21 of the last page here.

**Line 8.** Tax-exempt sales to Indians and Military. List only cigarettes sold to Indians and military located in Idaho. Complete Form CG 1503-A and enter the amount from line 21 of the last page.

**Line 9.** Tax-exempt sales to other wholesalers. List only cigarettes sold to other Idaho licensed wholesalers. Complete Form CG 1503-B and enter the amount from line 21 of the last page.

**Line 10.** Other distribution of exempt or unstamped cigarettes. You must attach an explanation and supporting documents if you claim an amount on this line.

**Line 11.** Total-exempt sales. Add lines 7, 8, 9, and 10.

**Line 12.** Total cigarettes subject to Idaho tax. Subtract line 11 from line 5 or line 6, whichever applies.

**PART II, FORM CG 1550 - TAX COMPUTATION.** As a stamper, you're responsible for placing stamps on all taxable cigarettes. You're also responsible for ensuring that stamps aren't placed on nontaxable cigarettes.

**Line 13.** Total cigarettes stamped. Complete Part III of Form CG 1550, page 2, and enter the amount from line 10.

For any stamped cigarettes reported on line 13 from nonparticipating manufacturers, complete the additional Form CG 1501-NP.

**Line 14.** Tax due on stamps affixed. Multiply line 13 by .0285.

**Line 15.** Discount for affixing stamps. You're allowed a discount for affixing the stamps. Multiply the amount on line 14 by .033. Enter the result on line 15.

**Line 16.** Credit for stamped cigarettes returned to the manufacturer. If you returned unsold stamped cigarettes to the manufacturer, or require a credit for stamps applied to cigarettes that can no longer be sold or returned to the manufacturer, enter the total dollar amount resulting from the calculation below:

Multiply the number of stamped cigarettes by **.0276** (.0285 X 96.70% = .0276).

This represents the value of the stamps less the discount you received for affixing the stamps. You must attach documentation. Include the returned goods receipt and bill of lading or Form CG 403 with your return. Form CG 403 must have prior approval from the Idaho State Tax Commission.

**Line 17.** Net tax due or [refund]. Subtract lines 15 and 16 from line 14. If the amount is a refund, put the figure in [brackets].

**Line 18.** Adjustment from previous periods. Attach the letter you received from the Tax Commission that advised you of this adjustment. If the amount is a credit, put it in [brackets].

If you paid tax on cigarette products sold on or after January 1, 2000, and later found the accounts to be worthless and actually charged off for income tax purposes, use line 18 to apply the bad debt credit to this return or, if no tax is due, to

**FORM 1550 INSTRUCTIONS -- Continued**

be refunded. Enter the bad debt credit amount in brackets. If you're repaying all or part of a previously taken bad debt credit, enter it as a positive figure on line 18. In either case, you must attach a letter of explanation.

**Line 19.** Total tax due or [refund]. Line 17 plus or minus line 18.

**Line 20. Penalty.** Enter the amount of any penalty you owe on the tax.

You must file and pay the tax by the due date listed on the tax report. If you don't, the following penalties apply:

- If you file on time but your payment is late, the penalty is 0.5% (1/2 percent) of the tax due (see line 19) for each late month.
- If you file late, the penalty is 5% of the tax due (line 19) for each late month. This penalty begins the first day you're late and continues until you file your return or pay the tax.
- If you file late and don't pay the tax when you file, there's an additional late penalty of 0.5% (1/2 percent) of the tax due (line 19) for each late month.

**Note:** No penalty is due if no tax is due. The minimum penalty amount is \$10, and the maximum penalty is 25%. Even if your payment is only one day late, you still owe the entire monthly penalty.

**Interest.** Interest accrues on late tax payments from the due date until the amount you owe is paid. Rates are as follows:

1/1/2016 - 12/31/2016, 4% per year  
1/1/2015 - 12/31/2015, 4% per year  
1/1/2014 - 12/31/2014, 4% per year  
1/1/2013 - 12/31/2013, 3% per year

**Line 21a.** Total tax due. Add lines 19 and 20. ATTACH PAYMENT FOR AMOUNT DUE.

**Line 21b.** Total refund. If there's a refund on line 19 of \$200 or more, a check will be mailed to you. If the refund is less than \$200, you'll receive a notice telling you to apply the refund to future filings.

**Page 2, PART III - IDAHO UNAFFIXED STAMP RECONCILIATION**

(Record all figures in NUMBER of STAMPS, not number of rolls.) Report stamps for packs of 20 in column A, or packs of 25 in column B.

**Line 1.** Beginning inventory of unaffixed stamps. This should be the amount reported as the ending inventory from the previous tax return.

**Line 2.** Stamps received. Complete Form CG 1550, Part V, "Idaho Stamps Received." Bring the amounts on line 7 forward to this line in the appropriate columns.

**Line 3.** Total unaffixed stamps to account for this tax period. Add lines 1 and 2.

**Line 4.** Ending inventory of unaffixed stamps. Actual physical count of unused Idaho stamps at the close of business on the last working day of each month. If you have ordered stamps near the end of the month, check the "Date Issued" on the Stamp Invoice, Form 1552. If the stamps were shipped at the end of the tax month, but weren't in your inventory on the last working day of the month, include them in the amount entered on line 4.

**Line 5.** Stamps destroyed or returned. You must attach Form CG 403, Request for Stamp Destruction, to Form CG 1550. Form CG 403 must have prior approval from the Tax Commission. Report unsold stamps claimed on Form CG 403. For stamped cigarettes returned to the manufacturer or that can no longer be sold, see Part II, line 16 instructions.

**Line 6.** Total deductions. Add lines 4 and 5 in each column.

**Line 7.** Total stamps applied this tax period. Subtract line 6 from line 3.

**Line 9.** Convert to total cigarettes. Multiply line 7 by line 8.

**Line 10.** Total cigarettes stamped. Add column A and column B of line 9. Enter the sum here. Carry this amount forward to Form CG 1550, Part II, line 13.

**PART IV - IDAHO STAMPED CIGARETTE RECONCILIATION**

**Line 1.** Beginning inventory of stamped cigarettes. Carry forward the actual physical count of saleable stamped cigarettes held in inventory from the close of business on the last day of the previous tax period.

**Line 2.** Stamped cigarettes previously sold and returned to inventory for resale. If you have stamped cigarettes previously sold and then returned to you, and the cigarettes are still saleable but weren't resold in this tax period, list those counts here.

**Line 3.** Total cigarettes stamped this tax period. This number must equal line 10 in Part III, page 2 of Form CG 1550.

**Line 4.** Total stamped cigarettes distributed this tax period. Enter the actual number of stamped cigarettes sold during this tax period.

**Line 5.** Ending inventory of stamped cigarettes. Take an actual physical count of your saleable stamped cigarettes held in inventory at the close of business on the last working day of the tax period. Enter the number of stamped cigarettes on hand.

**PART V - IDAHO STAMPS RECEIVED**

Enter the stamps you received this month using the Cigarette Stamp Invoice, Form CG 1552, returned to you by the Tax Commission.

- For each invoice, list: The "Date Issued" as indicated on the Cigarette Stamp Invoice, Form CG 1552. This date will identify the tax period in which you must account for the stamps. Example: If the "Date Issued" is 4/30, report this stamp invoice on your April Cigarette Tax Return.
- Stamp invoice number.
- QUANTITY of stamps: Part II of the invoice refers to the number of stamps issued. Enter these amounts on lines 1-6 and total on line 7.

Carry the totals to line 2 in Part III, Form CG 1550.

**FORM CG 1501-A, CG 1501-B, CG 1501-C, CG 1501-D, CG 1501-E - UNSTAMPED CIGARETTE PURCHASES**

Enter in the appropriate columns, the purchases made during the month from each of the five major vendors. If you have more than 80 invoices from any vendor, carry the total for that vendor forward to a new page of the form. DON'T CHANGE THE NAMES OR PERMIT NUMBERS OF THE VENDORS ON THE PREPRINTED FORMS.

# FORM 1550 INSTRUCTIONS -- Continued

For each invoice, show:

- The invoice date - month/day/year
- The vendor's invoice number. (Don't use your PO number or check number.)
- The total number of CIGARETTES purchased on the invoice.

## FORM CG 1501-F

**PART I - UNSTAMPED CIGARETTE PURCHASES FROM OTHER VENDORS.** See specific instructions on Form CG 1501-F.

**PART II - SUMMARY OF CIGARETTE PURCHASES.** See specific instructions on Form CG 1501-F.

### PART III - OTHER STATES' STAMP RECONCILIATION

If you're an Idaho licensed multistate stamper, complete this part. If you don't stamp for other states, leave this part blank.

Stamps applied for states other than Idaho:

- Identify the state.
- Complete lines 1 through 12 of the reconciliation.
- Use additional forms when necessary.

## FORM CG 1501-NP

Complete Form CG 1501-NP if you stamp any cigarettes from nonparticipating manufacturers of the Tobacco Master Settlement Agreement.

## FORM CG 1502 - OUT-OF-STATE CIGARETTE SALES

List your sales to customers located outside of Idaho. If you have more sales than can be entered on one page, or sell to more than three other states, use a second page of this form.

For each state:

- At the top of the columns, put the names of the states to which you shipped cigarettes.

For each invoice, list:

- Your invoice date.
- Your invoice number.
- The customer's name.
- The city where the cigarettes were delivered.
- Under the appropriate "State" column, list the number of cigarettes sold on that invoice.

Total each state's activity on line 20. If you must use a second page of Form CG 1502, carry the totals forward. Insert the grand total of all out-of-state sales on line 21 of the last page and carry this amount to Form CG 1550, line 7.

## FORM CG 1503-A - TAX-EXEMPT CIGARETTES TO INDIANS AND MILITARY and FORM CG 1503-B - TAX-EXEMPT CIGARETTE SALES TO OTHER WHOLESALERS

Use Form 1503-A for sales to Indians on an Indian reservation and sales to military. Enter the number of cigarettes sold to Indians and military in the appropriate column.

Use Form 1503-B for sales to other Idaho licensed wholesalers. If you were provided with an identifying permit number for this wholesaler, insert that number. Otherwise leave the "Permit Number" column blank.

For each invoice, list on Forms 1503-A and 1503-B:

- Your invoice date
- Your invoice number.
- The customer's name.
- The city where you delivered the cigarettes. (CAUTION: it's illegal to allow customers, other than licensed cigarette wholesalers, to transport cigarettes purchased from you that don't have Idaho stamps affixed.)
- Enter the number of cigarettes sold on the invoice in the appropriate column.

Total these sales. If you have more invoices than space available, carry the totals forward to the next page. On the last page, carry the total to Form CG 1550 line 8 or 9.

**Amended returns.** Use this same form to amend a cigarette return. Check the "AMENDED RETURN" box at the top of the form. If you didn't keep a copy of the original return, contact the Tax Commission for one. Complete the entire form using the correct amounts. Don't enter the net change.

Use the same instructions for filing either an original or amended return.

**Electronic payments.** There's no fee when paying by ACH Debit. If you pay by credit card or e-check, our third-party provider will charge a convenience fee. American Express, Discover, MasterCard, and Visa are accepted. To make credit/debit card, e-check, and ACH Debit payments, use our Taxpayer Access Point (TAP) at [tax.idaho.gov](http://tax.idaho.gov). For more information, visit our *E-Pay* page at [tax.idaho.gov/epay](http://tax.idaho.gov/epay).

**Check Payments.** Make your check or money order payable to the Idaho State Tax Commission. Don't staple your check to your return or send a check stub.

**Payments of \$100,000 or more.** Idaho law requires you to use ACH Debit or ACH Credit (electronic funds transfer) when making payments of \$100,000 or more. If you file a paper tax return, indicate on the report that you paid by one of these methods. If you're making an electronic funds transfer for the first time, read more at [tax.idaho.gov/epay](http://tax.idaho.gov/epay). To request our "ACH Credit Addenda and Bank Information" form, email us at [eft@tax.idaho.gov](mailto:eft@tax.idaho.gov) or fax (208) 334-7625.

**Mail return to: Idaho State Tax Commission, PO Box 76, Boise, ID 83707-0076**

### CONTACT US

In the Boise Area: 334-7660  
or  
Toll Free: (800) 972-7660

Hearing impaired (TDD):  
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### IDAHO STATE TAX COMMISSION OFFICES

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