



# Exempted Sales Refund Application

CT-207  
V2 1/2005

Business Name		License Number	Date
Principal or Agent Name			Phone
Address			Fax
City	State	ZIP	

### Instruction for form preparation

1. Prepare in duplicate. Submit the original to Montana Department of Revenue, Customer Intake Process, P.O. Box 1712, Helena, MT 59604-1712. Retain a duplicate in company file for field audit purposes.
2. Attach all copies of the CT-206 – Cigarette Tax Exemption Certificate referenced below.
3. Pursuant to [16-11-111\(4\), MCA](#) a wholesaler who does not file a claim within one year of the shipment date forfeits the refund or credit.

Invoice Number	Authorization Number	Number of Cartons (A)	Tax Value/ Carton (B)	Total Tax (A X B = C)	0.45% Discount (C x 0.0045 = D)	Total Refund (C - D = E)
1.			20/Pk - \$17.00	\$	\$	\$
			25/Pk - \$21.25	\$	\$	\$
2.			20/Pk - \$17.00	\$	\$	\$
			25/Pk - \$21.25	\$	\$	\$
3.			20/Pk - \$17.00	\$	\$	\$
			25/Pk - \$21.25	\$	\$	\$
4.			20/Pk - \$17.00	\$	\$	\$
			25/Pk - \$21.25	\$	\$	\$
5.			20/Pk - \$17.00	\$	\$	\$
			25/Pk - \$21.25	\$	\$	\$
6.			20/Pk - \$17.00	\$	\$	\$
			25/Pk - \$21.25	\$	\$	\$
7.			20/Pk - \$17.00	\$	\$	\$
			25/Pk - \$21.25	\$	\$	\$
8.			20/Pk - \$17.00	\$	\$	\$
			25/Pk - \$21.25	\$	\$	\$
9.			20/Pk - \$17.00	\$	\$	\$
			25/Pk - \$21.25	\$	\$	\$
10.			20/Pk - \$17.00	\$	\$	\$
			25/Pk - \$21.25	\$	\$	\$
<b>Total 20/pack cartons</b>						
<b>Total 25/pack cartons</b>				<b>Total refund (total column E)</b>		\$