

State of Rhode Island Division of Taxation  
**Form T-11A**  
 Requisition for Cigarette Tax Stamps: Rolling Papers

Check one:  <input type="checkbox"/> Cash order - Key #12  <input type="checkbox"/> Charge order - Key #58	Name		Federal employer identification number	
	Address		Requisition date	
	Address 2		License number	
	City, town or post office	State	ZIP code	Email address

**PREPARE THIS ORDER IN DUPLICATE, KEEPING A COPY FOR YOUR FILES.**

**ORDER STAMPS IN UNBROKEN SHEETS OF 100.**

**UNLESS YOU HAVE ARRANGED CREDIT, ENCLOSE A REMITTANCE FOR THE TOTAL AMOUNT OF THIS ORDER PAYABLE TO TAX ADMINISTRATOR**

**Use this form to requisition cigarette tax stamps for rolling papers only.**

Please furnish the Cigarette Tax Stamps listed below:

TAX DIVISION USE ONLY - CRP STAMP SHEET NUMBERS

CRP DENOMINATIONS	QUANTITY	VALUE	BEGINNING NUMBER	ENDING NUMBER	NUMBER OF STAMPS
1 (24's) Purple \$ 5.10					
2 (32's) Purple \$ 6.80					
3 (48's) Purple \$ 10.20					
4 (50's) Purple \$ 10.63					
5 (100's) Purple \$ 21.25					
6 Other					
7 Total face value of stamps. Add lines 1 through 6.....					
8 1.25% discount. Multiply line 7 by 0.0125. LICENSED DISTRIBUTORS ONLY					
9 Net stamp order. Subtract line 8 from line 7.....					

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Authorized officer signature	Print name	Date	Telephone number
Paid preparer signature	Print name	Date	Telephone number
Paid preparer address	City, town or post office	State	ZIP Code PTIN

May the Division of Taxation contact your preparer? YES

Revised 03/2021