

**Form OP-182**  
**Vending Machine Report**  
**Cigarette Distributors and Dealers**

For Period Ended
Connecticut Tax Registration Number

**Instructions**

1. You must file a report even if no machines were acquired or disposed of during this reporting period.
2. **Penalty:** Late filing \$50.
3. **Due Date:** 15 days after the filing period shown on this return.  
The return must be postmarked on or before the due date.
4. Make check or money order payable to: **Commissioner of Revenue Services.**

– Original – File this copy with the Department of Revenue Services
<b>For Department Use Only</b>

☐ Please check here if your name or mailing address has changed and make the necessary changes.

Information to Be Reported	Number of Machines	
1. Vending machines owned, operated, or stored in Connecticut at the close of the preceding month (Line 5, previous month's report)		
2. Vending machines purchased, acquired, or brought into Connecticut during the month covered by this report (Enter detail on Schedule A)		
3. Total accountable machines for month covered by this report (Line 1 plus Line 2)		
4. Vending machines sold or otherwise disposed of during the month covered by this report (Enter detail on Schedule B)		
5. Vending machines owned, operated, or stored in Connecticut at the end of the month covered by this report (Line 3 minus Line 4)		
6. Penalty for late filing (\$50 - Add if applicable)		
7. Number of machines reported on Line 5 which were <b>not</b> being operated on location <b>at the end of the month covered by this report</b>		

**Declaration:** I declare under penalty of law that I have examined this return or document (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand that the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Taxpayer's Signature	Title	Date
<b>X</b>		

**Important:** Schedules A and B on reverse side **must** be filled out if any entries appear on Lines 2 or 4 above.

## Schedule A

Vending machines purchased, acquired, or brought into Connecticut during this reporting month:

Date	Qty	Manufacturer	Model	Premises Where Machine Is Located (Name and Address)	From Whom Acquired (Name and Address)	*Sales Tax Paid	Purchase Price
Total		(Should agree with Page 1, Line 2)	* Fill in this column: Use "V" if the tax was paid to vendor; Use "S" if the tax was paid directly by you to the State of Connecticut and reported on a return; Use "O" if tax was not paid and explain fully below.				

Explain here if tax was not paid:

## Schedule B

Description of vending machines sold or otherwise disposed of:

Date	Qty	Manufacturer	Model	Premises Where Machine Was Located (Name and Address)	To Whom Sold or Transferred (Name and Address)	Selling Price
Total		(Should agree with Page 1, Line 4)				