

# Tobacco Products Tax Electronic Filing Application

This form is issued under authority of Public Act 327 of 1993, as amended.

Company Name	Application Date		
Mailing Address	City	State	ZIP Code
Taxpayer Identification Number (FE, TR, or ME Number)	Telephone Number	Fax Number	

## OTHER TOBACCO PRODUCTS

Based on your average tax return filing size, choose your primary filing option. See page 2 for additional information.

Web Direct Fillable Forms     ASCII Flat File (A completed Trading Partner Agreement (Form 3999) is required for all new applicants.)

Contact Name	Contact Telephone Number	Contact E-mail Address	Prepare Tax Returns	Inventory Adjuster	RENEW ONLY User ID
<input type="checkbox"/> RENEW <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE					
<input type="checkbox"/> RENEW <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE					
<input type="checkbox"/> RENEW <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE					

## CIGARETTES

Based on your average tax return filing size, choose your primary filing option. See page 2 for additional information.

Web Direct Fillable Forms     ASCII Flat File (A completed Trading Partner Agreement (Form 3999) is required for all new applicants.)

Contact Name	Contact Telephone Number	Contact E-mail Address	Prepare Tax Returns	Inventory Adjuster	Wholesalers and Unclassified Acquires Only Order Stamps	Receive Stamps	RENEW ONLY User ID
<input type="checkbox"/> RENEW <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE							
<input type="checkbox"/> RENEW <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE							
<input type="checkbox"/> RENEW <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE							
<input type="checkbox"/> RENEW <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE							

**INTERNET FTP SERVER DISCLAIMER:** The system is for the use of authorized clients only. Individuals using the computer network system without authorization, or in excess of their authorization, are subject to having all their activity on this computer network system monitored and recorded by system personnel. To protect the computer network system from unauthorized use and to ensure the computer network system is functioning properly, system administrators will monitor this system. Anyone using this computer network system expressly consents to such monitoring and is advised that if such monitoring reveals possible conduct of criminal activity, system personnel may provide the evidence of such activity to law enforcement officers. Access is restricted to authorized clients only. Unauthorized access is a violation of state, federal, civil and criminal laws.

## AUTHORIZATION

Each party shall adopt an electronic identification number and password consisting of codes for each electronic transmission transmitted by such Party. The identification number and password when included as part of the report filed pursuant to this Agreement, shall constitute the signature (Signature) of the Licensee on the Report as if such Report were actually signed by the Licensee. Each Party agrees that any Signature of a Party affixed to or contained in any transmitted electronic transmission shall be sufficient to verify the Party originated such electronic transmission. Neither Party shall disclose to any unauthorized person the Signature of the other Party. Each Party agrees to maintain adequate back-up files to recreate electronic transmission as required. Back-up files shall be subject to the terms of this Agreement to the same extent as the original data. Electronic transmissions shall be retained for such periods as required by Michigan statutes.

Authorized Signature	Title	Date
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# Filing Option Instructions/Information

## WEB DIRECT FILLABLE FORMS

Web Direct Fillable Forms allows you to complete your tax return forms online. To use this option, you must enter in all required tax return information on each schedule form. Depending upon the forms and schedules you are required by license to file with the Michigan Department of Treasury, this option may include entering all required detail data on each Tobacco Products invoice for products imported or acquired.

## ASCII FLAT FILE

ASCII Flat File allows you to transfer a file of formatted tax data to the Michigan Electronic Filing System. This option is usually used by filers that have large amounts of detail data and/or computer application systems that can export data files in the format required by the state. With ASCII flat file you do not have to re-enter tax data on forms (see WEB DIRECT FILLABLE FORMS above) but it will require testing, validation and certification of your formatted data files before you will be allowed to file with the state. Therefore, careful consideration must be taken when selecting the option to file electronically. Once registered to file your tax return information electronically, you will not be allowed to change filing options online. To change filing options you must complete and sign another application form.

## Tobacco Tax Roles - Other Tobacco Products Only - Add or Remove Authorized Contact

- 1. Prepare Returns** - The person in this role will be responsible for compiling and completing the monthly Other Tobacco Tax Return (OTP) including filing amendments. The assigned Usercode and Password will be accepted as a valid signature. This role will include the ability to submit OTP returns electronically, add, change, amend or delete a return. The person in this role may view tax returns confirmation numbers and add or remove an authorized contact. If your Tobacco license type is a Secondary Wholesalers of OTP and you are not licensed as a wholesaler and/or Unclassified Acquirer, place an X in the Secondary Wholesaler box only.

### Tobacco Tax Role - Selection Example

Contact Name	Contact Telephone Number	Contact E-mail Address	Secondary Wholesaler	Tax Return Preparer	Inventory Adjuster
M. Doe <input type="checkbox"/> RENEW <input type="checkbox"/> ADD <input checked="" type="checkbox"/> REMOVE					
J. Doe <input type="checkbox"/> RENEW <input checked="" type="checkbox"/> ADD <input type="checkbox"/> REMOVE				X	X
A. Doe <input type="checkbox"/> RENEW <input checked="" type="checkbox"/> ADD <input type="checkbox"/> REMOVE				X	X

### Tobacco Tax Roles Cigarettes Only - Selection Example

- 1. Order Stamps** - The person in this role is responsible for ordering Tobacco Stamps electronically using the tobacco Automated System. The person in this role may view confirmation and tracking numbers to verify the status of a previous stamp order.
- 2. Receive Stamps** - The responsibility for this role is to update the Tobacco System to confirm receipt of tobacco Stamps electronically using the Automated Stamp System. Current Tobacco orders and history of stamps orders can be viewed only. The assigned Usercode Password will be acceptable as a valid signature.
- 3. Prepare Returns** - The person in this role will be responsible for compiling and completing the monthly Tobacco Tax Return(s) including filing amendments. The assigned Usercode Password will be acceptable as a valid signature. This role will include the ability to submit returns electronically, add, change, amend or delete a return. The person in this role may view tax returns confirmation numbers, order confirmations, UPS tracking numbers and stamp order information for verification of stamp inventory.
- 4. Stamp Inventory Adjuster** - The person in this role will be responsible for returning stamped cigarettes to the manufacturer and/ or damaged and unused cigarette stamps to the Department. This person will be authorized to request adjustment(s) to the stamp inventory. The request must be approved by the Department before the adjustment is valid. If your Tobacco license type is a Secondary Wholesalers of Cigarettes and you are not licensed as a wholesaler and/or Unclassified Acquirer, place an X in the Secondary Wholesaler box only.

### Tobacco Tax Role - Cigarettes Only - Selection Example

Contact Name	Contact Telephone Number	Contact E-mail Address	Secondary Wholesaler	Tax Return Preparer	Inventory Adjuster	Order Stamps	Receive Stamps
M. Doe <input type="checkbox"/> RENEW <input type="checkbox"/> ADD <input checked="" type="checkbox"/> REMOVE							
J. Doe <input type="checkbox"/> RENEW <input checked="" type="checkbox"/> ADD <input type="checkbox"/> REMOVE		X		X	X		
A. Doe <input type="checkbox"/> RENEW <input checked="" type="checkbox"/> ADD <input type="checkbox"/> REMOVE		X		X	X		

**Send applications to:**

Michigan Department of Treasury  
 Special Taxes Division  
 Tobacco Tax Unit  
 PO Box 30474  
 Lansing MI 48909