## CDTFA-413-ACTS (FRONT) REV. 3 (1-23) CIGARETTE DISTRIBUTOR'S REPORT OF RETURNED STAMPS

## STATE OF CALIFORNIA CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION

DISTRIBUTOR'S NAME	DISTRIBUTOR	DISTRIBUTOR'S CIGARETTE STAMP ACCOUNT NUMBER	
ADDRESS (street, city, state, ZIP Code)  CONTACT NAME		TELEPHONE NUMBER	
		CONTACT TELEPHONE NUMBER	
Please provide the roll serial number, the number problem:	er of stamps remaining, the correspondin	g order number, and a description of the stamp	
ROLL SERIAL NUMBER	NUMBER OF	STAMPS REMAINING ORDER NUMBER	
DESCRIPTION OF THE STAMP PROBLEM			
PLEASE INDICATE HOW THE NUMBER OF STAMPS REMAINING WA	AS DETERMINED		
The roll of stamps referenced above may be	defective or noncompliant and cannot	be used, as verified by:	
NAME OF DISTRIBUTOR REPRESENTATIVE	SIGNATURE	DATE	
NAME OF MEYERCORD TECHNICIAN	SIGNATURE	DATE	

## INSTRUCTIONS

In the event that you find defective or noncompliant stamps, you should promptly notify Meyercord Revenue at 1-630-682-6272 and make arrangements to have a Meyercord technician validate the problem stamp issue. You should also notify the California Department of Tax and Fee Administration's Cigarette Tax Stamp Desk at 1-916-309-8200.

If the Meyercord technician determines that the stamps cannot be used, you should complete a CDTFA-413-ACTS, Cigarette Distributor's Report of Returned Stamps, for each roll of defective or noncompliant stamps and have the Meyercord technician sign and date each form.

Please complete the front side of this form as follows:

Indicate the following: your (distributor) name, cigarette stamp account number, full address, telephone number, and the name and telephone number of a contact person if applicable.

Provide the tax stamp roll serial number, the number of stamps remaining on the roll (per your records), the corresponding order number, a description of the stamp problem, and how the number of remaining stamps was determined.

Provide the name, signature, and date of signature of both the distributor representative and the Meyercord technician.

**Fax** the completed CDTFA-413-ACTS, *Cigarette Distributor's Report of Returned Stamps*, to the Cigarette Tax Stamp Desk at 1-916-327-6235.

Retain a copy of this form for your records. Enclose the original copy with the defective stamps that are being returned to Meyercord.