Department of Revenue Services
State of Connecticut
(New 8/24)

Schedule A-2
OTHER ELECTRONIC CIGARETTE PRODUCTS
10% OF WHOLESALE SALES PRICE

Use this form to report first sales of untaxed electronic cigarette products excluding (1) manufacturer-prefilled cartridges and pods and (2) manufacturer-prefilled disposable, one-time use electronic cigarettes.
Non-resident electronic cigarette wholesalers must report Connecticut sales invoices. Resident electronic cigarette wholesalers must report purchase invoices.
For more information on product classification, refer to *Special Notice 2019(7), Electronic Cigarette Products Tax* .

For period ending (MM/DD/YYYY)	Due date (MM/DD/YYYY)	Connecticut Tax Registration Number
Taxpayer Name		Federal Employer Identification Number
Address (number and street), apartment number, PO Box		
City, town, or post office State ZIP code		

Each item per invoice must be listed individually.
Enter the total of *Schedule A-2* on Form ECIG-351, *Electronic Cigarette Products Tax Return,* Line 4.
Upload Schedule A-2 as an attachment when submitting Form ECIG-351.

Follow the format in the example below.

	Invoice Date	Invoice Number	Customer	Total Invoice Amount	Product Description	Quantity	Wholesale Sales Price Per Unit	Total Wholesale Sales Price $
Example:	1/1/2024	93028544	ABC Manufacturer	$ 4,580.00	ABC Kit	4	$2.00	4 x 2 = 8

Invoice Date	Invoice Number	Customer	Total Invoice Amount	Product Description	Quantity	Wholesale Sales Price Per Unit	Total Wholesale Sales Price $
Enter this amount on Form ECIG-351, Line 4.						**Total**	