DEPARTMENT OF THE TREASURY ALCOHOL AND TOBACCO TAX AND TRADE BUREAU (TTB) MONTHLY REPORT - TOBACCO PRODUCTS IMPORTER

INSTRUCTIONS: Please type or print. Prepare in duplicate, retain the copy and submit the original to the National Revenue Center, Alcohol and Tobacco Tax and Trade Bureau, 550 Main St, Ste 8002, Cincinnati, Ohio 45202-5215, not later than the 20th day of the month following the end of the month for which report is made. Combine data for all locations covered by a single permit.

NOTE: For this report do NOT include tobacco products that are in Customs custody.

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1. NAME OF IMPORTER				2. PRINCIPAL BUSINESS ADDRESS (Number, Street, City, State and ZIP Code)					
3. MONTH AND YEAR OF REPORT	4. PERMIT NUMBER	5. EMPLOYI NUMBER	ER IDENTIFICATION (EIN)						
ARTICLE	SMALL CIGARETTES (Number) (a)	LARGE CIGARETTES (Number) (b)	SMALL CIGARS (Number) (c)	LARGE CIGARS (Number) (d)	SNUFF LBS. OZ. (e)	PIPE TOBACCO LBS. OZ (f)	CHEWING TOBACCO LBS. OZ. (g)	ROLL-YOUR- OW TOBACCO LBS. OZ. (h)	
6. ON HAND, BEGINNING OF MONTH									
7. IMPORTED AND RELEASED FROM CUSTOMS CUSTOD INTO THE UNITED STATES	Y Y								
8. OVERAGE DIS CLOSED BY INVENTORY									
9. RETURNED FROM DOMESTIC CUSTOMERS									
10. TOTAL									
11. REMOVED FOR EXPORT PURPOSES									
12. TRANSFERRED TO DOMESTIC CUSTOMERS									
13. REMOVED TO A FOREIGN TRADE ZONE									
14. RETURNED TO CUSTOMS CUSTODY									
15. LOST									
16. DESTROYED									
17. SHORTAGES DISCLOSED BY INVENTOR	RY								
18. ON HAND, END OF MONTH									
19. TOTAL									
Under the penalties of perjur	y, I declare that I have ex	amined this report and	·			•	+		
20. SIGNATURE		21. DATE		22. E-MAIL ADDRESS (optional information)		23. TELEPHONE NUMBER (optional information)		FOR TTB USE ONLY	
			ii ii Oili					AUDITED BY	
24. TITLE OR STATUS (State whether individual owner, partner, member of a limited liability company, or if officer of corporation, give title)							DATE OF AUDIT		

