

**Recommended Ingredient Reporting Format - CSTHEA**  
Please attach additional pages if necessary

**Date** \_\_\_\_\_

Office on Smoking and Health  
Attn. FCLAA Program Manager  
4770 Buford Hwy., NE, MS K-50  
Atlanta, GA 30341

This ingredient report is being submitted pursuant to the Federal Cigarette Labeling and Advertising Act (FCLAA), 15 U. S.C. §1335 (a) Public Law 89-92.

**Company Name(s)\*** \_\_\_\_\_

\_\_\_\_\_

**Brand(s)†** \_\_\_\_\_

\_\_\_\_\_

\*If this Ingredient Report is submitted by a designated individual or entity on behalf of a cigarette manufacturer, packager, or importer, the form must specify on whose behalf the submission is being made.

†Inclusion of the brand name and product type for ingredients is not required under CSTHEA.

¶ Ingredient Name

¶ CAS Registry Number§