DEPARTMENT OF HEALTH AND HUMAN SERVICES
Food and Drug Administration
Center for Tobacco Products

Report of Tobacco Product Removals Subject to Tax

for Tobacco Product User Fee Assessments

(Section 919 of FFDCA; Title 21, Code of Federal Regulations, Part 1150)

Form Approved: OMB No. 0910-0749
Expiration Date: xx/xx/201x
(See Burden Statement on page 2)

The authority for collecting the following information is section 301 et seq. of the Federal Food, Drug, and Cosmetic Act. The information will be used to assess and collect user fees from tobacco product domestic manufacturers and importers. Please be advised that under section 1001 of title 18 anyone who makes a materially false, fictitious, or fraudulent statement is subject to criminal penalties.

Return this completed form and copies of supporting documents (TTB Forms 5210.5 and 5000.24 and Customs CBP Form 7501, as appropriate) by mail to:

Center for Tobacco Products,
Food and Drug Administration,
9200 Corporate Boulevard,
Attn: Document Control Center,
Rockville, MD 20850-3229.

or to TOBACCOUSERFEES@fda.hhs.gov

1. Company Name/Address *(including Zip Code)*	Alternate Company Address *(if any, for FDA notifications)*

2. Contact Person Name

3. TTB Permit Number	4. Telephone Number *(including Area Code)*
5. Employer Identification Number	6. Email

Privacy Act Notice:

This notice is provided pursuant to the Privacy Act of 1974, 5 U.S.C. 552a. The collection of this information is authorized by 21 U.S.C. 371, 379, 379e, 379h, 379h-1, 379j, 379j-12, 379j-21, 387s, and 393(d)(2); 42 U.S.C. 263b(r)(1); 5 U.S.C. 301 and 552; and 42 U.S.C. 3101. FDA will use the information to assess, collect and process user fee payments, and, facilitate debt collection under the Debt Collection Improvement Act. FDA may disclose information to courts and the Department of Justice in the context of litigation and requests for legal advice; to other Federal agencies in response to subpoenas issued by such agencies; to HHS and FDA employees and contractors to perform user fee services; to the National Archives and Records Administration and General Services Administration for records management inspections; to the Department of Homeland Security and other Federal agencies and contractors in order to respond to system breaches; to banks in order to process payment made by credit card; to Dun and Bradstreet to validate submitter contact information, and to other entities as permitted under the Debt Collection Improvement Act. Furnishing the requested information is mandatory. Failure to supply the information could prevent FDA from processing user fee payments. Additional detail regarding FDA's use of information is available online: http://www.fda.gov/RegulatoryInformation/FOI/PrivacyAct/default.htm, and http://www.fda.gov/AboutFDA/AboutThisWebsite/WebsitePolicies/default.htm.

7. Period of Activity

A. Month: _____ B. Year: _____

PSC Publishing Services (301) 443-6740 EF

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Domestic Taxable Removals		Imports	
Volume *(Number or Pounds)*	Taxes *(Dollars)*	Volume *(Number or Pounds)*	Taxes *(Dollars)*
TTB 5210.5 Monthly Manufacturer Report	TTB 5000.24 Excise Tax Return	Customs CBP 7501 Importer Entry Summary	
8. CIGARETTES			
Line 14 Columns C + D	Line 13 Column B	Box 31- Monthly Total *(Number of Cigarettes)*	Box 38 - Monthly Total *(Taxes on Cigarettes Only)*
9. SNUFF			
Line 14 Column F	Line 15 Column B *(Snuff Only)*	Box 31- Monthly Total *(Pounds of Snuff)*	Box 38 - Monthly Total *(Taxes on Snuff Only)*
10. CHEWING TOBACCO			
Line 14 Column E	Line 15 Column B *(Chewing Tobacco Only)*	Box 31- Monthly Total *(Pounds of Chewing Tobacco)*	Box 38 - Monthly Total *(Taxes on Chewing Tobacco Only)*
11. ROLL-YOUR-OWN TOBACCO			
Line 14 Column H	Line 16 Column B *(Roll-Your-Own Tobacco Only)*	Box 31- Monthly Total *(Pounds of Roll-Your-Own Tobacco)*	Box 38 - Monthly Total *(Taxes on Roll-Your-Own Tobacco Only)*

CERTIFICATION

I hereby certify that the information on this form is true and correct, and that I am hereby authorized to submit this form on the company's behalf.

Signature *(Print and Sign)*	Title
	Date Prepared *(mm/dd/yyyy)*

This section applies only to requirements of the Paperwork Reduction Act of 1995.

DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.

The burden time for this collection of information is estimated to average 4 hours per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to the following address:

Department of Health and Human Services
Food and Drug Administration
Office of Chief Information Officer
Paperwork Reduction Act (PRA) Staff
PRASTAFF@fda.hhs.gov

"An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number."