

DEPARTMENT OF THE TREASURY  
ALCOHOL AND TOBACCO TAX AND TRADE BUREAU (TTB)

**MONTHLY REPORT - TOBACCO PRODUCTS OR PROCESSED TOBACCO IMPORTER**

**INSTRUCTIONS:** Please type or print. Prepare in duplicate, retain the copy, and submit the original to the TTB National Revenue Center, 550 Main St, Ste 8002, Cincinnati, Ohio 45202-5215, not later than the 15th 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. Report quantities of chewing tobacco, snuff, pipe tobacco, roll-your-own tobacco, and processed tobacco in pounds and fractions of a pound rounded to two decimal places.

1. NAME OF IMPORTER			2. PRINCIPAL BUSINESS ADDRESS (Number, Street, City, State, and ZIP Code)															
3. MONTH AND YEAR	4. PERMIT NUMBER	5. EMPLOYER IDENTIFICATION NUMBER (EIN)																
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ARTICLE	SMALL CIGARETTES (Number) (a)	LARGE CIGARETTES (Number) (b)	SMALL CIGARS (Number) (c)	LARGE CIGARS (Number) (d)	SNUFF (Pounds) (e)	CHEWING TOBACCO (Pounds) (f)	PIPE TOBACCO (Pounds) (g)	ROLL-YOUR-OWN TOBACCO (Pounds) (h)	PROCESSED TOBACCO (Pounds) (i)
6. On Hand, Beginning of Month									
7. Imported and Released from Customs Custody into the United States									
8. Received from Other Sources									
9. Overage Disclosed by Inventory									
10. Returned from Domestic Customers									
<b>11. TOTAL</b>									

ARTICLE	SMALL CIGARETTES (Number) (a)	LARGE CIGARETTES (Number) (b)	SMALL CIGARS (Number) (c)	LARGE CIGARS (Number) (d)	SNUFF (Pounds) (e)	CHEWING TOBACCO (Pounds) (f)	PIPE TOBACCO (Pounds) (g)	ROLL-YOUR-OWN TOBACCO (Pounds) (h)	PROCESSED TOBACCO (Pounds) (i)
12. Removed for Export Purposes									
13. Transferred to Domestic Customers									
14. Removed to a Foreign Trade Zone									
15. Returned to Customs Custody									
16. Lost									
17. Destroyed									
18. Shortages Disclosed By Inventory									
19. On Hand, End of Month									
<b>20. TOTAL</b>									

<b>Under the penalties of perjury, I declare that I have examined this report and, to the best of my knowledge and belief, it is true, correct, and complete.</b>								<b>FOR TTB USE ONLY</b>	
21. SIGNATURE		22. DATE		23. E-MAIL ADDRESS				AUDITED BY	
24. TITLE OR STATUS ( <i>State whether individual owner, partner, member of a limited liability company, or if officer of corporation, give title</i> )						25. TELEPHONE NUMBER (     )     —		DATED AUDITED	

**PAPERWORK REDUCTION ACT NOTICE**

This request is in accordance with the Paperwork Reduction Act of 1995. The purpose of this information collection is to establish product accountability and to compile data for statistical purposes. The information is mandatory (26 U.S.C. 5722).

The estimated average burden associated with this collection of information is 1 hour per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to the Paperwork Reduction Act Officer, Regulations and Rulings Division, Alcohol and Tobacco Tax and Trade Bureau, 1310 G Street, NW., Box 12, Washington, DC 20005. (Please do NOT mail completed forms to this address.)

An agency may not conduct or sponsor, and an individual is not required to respond to, a collection of information unless it displays a current, valid OMB control number.