

FOR OFFICE USE ONLY

Tennessee Department of Revenue
Licensed Distributor Report
(This Report Should Contain All Brands of Cigarettes and RYO
on which Tennessee tax was paid, by stamp or otherwise).

Please complete this form each month in full and mail the signed original to:
 TN DEPARTMENT OF REVENUE
 ANDREW JACKSON STATE OFFICE BUILDING
 P.O. BOX 190590
 NASHVILLE, TN 37219

Reporting Period: Month _____ Year _____

Tobacco Wholesale Account No. _____

Business Name: _____

Address: _____

City, State, Zip: _____

Email: _____

AMENDED REPORT - See additional requirements in instructions.

By checking this box I hereby certify the packaging of brands has not changed since prior reporting period (IF UNCHECKED, new packaging must be attached).

****** IF YOU ARE NOT REPORTING AT THIS TIME, YOU MUST CHECK THE BOX BELOW THAT APPLIES.**

No TN Sales Activity

All products pre-stamped or tobacco product tax pre-paid this reporting period (NO TN stamps affixed this reporting period).

Big Cigars ONLY

**** IF ANY UNSTAMPED OR STAMPED PRODUCTS WERE SOLD TO ANOTHER LICENSED DISTRIBUTOR, ALSO ATTACH W2W FORM TO THIS REPORT. ****

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
No. of Cigarettes <u>or</u> Little Cigars <u>or</u> Oz. of Roll-Your-Own Products on which <u>you</u> <u>affixed the tax stamp</u> or otherwise <u>paid the TN tax due</u> .	Brand Family (One entry for each Brand family. Do NOT list out Lights, Kings, etc.)	Manufacturer (Name & Address)	Type of Product; C, LC, B or RYO	Name and Address of the Entity/Person from Whom Each Brand Family Was Purchased	Name and Address of the First Importer (Foreign Manufactured Brand Families Only)

*** MORE REPORTING SPACE AVAILABLE ON SUPPLEMENTAL PAGE ***

PLEASE READ BEFORE SIGNING: I certify, under penalty of perjury under the laws of the United States of America, that the foregoing report is true and correct, and that the report only contains cigarettes on which I have placed a tax stamp or, in the case of RYO, RYO on which I have paid the tax due. I declare that I am authorized to certify, on behalf of the reporting company named above, that all of the information contained in this form is complete and accurate. _____ (Initials of Authorized Signator)

Signature of Company Officer: _____

Date: _____

Print Company Officer Name: _____

Phone No. _____ Fax No. _____

Print Company Officer Title: _____

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Tennessee Department of Revenue
Monthly Report of All Cigarettes, Little Cigars &/or Roll-Your-Own
Sold to Other Licensed Wholesaler/Distributors

Form W2W

Reporting Period: Month _____ Year _____

Business Name			Tobacco Wholesale Account No.		
Business Address			Name & Title of Person Authorizing Report		
City	State	Zip Code	Email Address	Phone #	Fax #

Columns:

1. Date of shipment or transfer to purchasing wholesaler/distributor.
2. Indicate how shipped: DT (Distributors Truck); CC (Common Carrier); PP (Parcel Post); CT (Customer Truck)
3. Invoice Number of product shipped to another wholesaler.
4. Enter brands sold. Use a separate line for each brand family. Use additional sheets if necessary.
5. Indicate what type of product was sold--cigarettes (C), roll your own (RYO), bidis (B), or little cigars (LC).
6. Indicate "S" for stamped and "U" for unstamped as it pertains to each brand listed.
7. Complete name and address of company or person to whom cigarettes were sold.
8. Number of sticks (or ounces, if RYO) sold to Purchasing Wholesaler/Distributor.
9. When using additional pages, please number accordingly in the lower right hand corner of this form.

(1) Date	(2) How Shipped	(3) Invoice Number	(4) Brands Sold	(5) Type of Product: C, RYO, B or LC	(6) Stamped or Unstamped	(7) Name and complete address of Purchasing Wholesaler, <u>whether Purchasing Wholesaler is located in Tennessee or Out-of-State.</u>	(8) # of Sticks &/or Oz. Sold to Purchasing Wholesaler/Distributor

I certify under penalty of perjury that the above-stated information is true and correct. I declare that I am authorized to certify, on behalf of the reporting company named above, that all of the information contained in this form is complete and accurate. _____ (Initials of Authorized Signator)

Signature _____ Date _____

Mail the original form(s) to:

1) TN Department of Revenue, Andrew Jackson Bldg., P.O. Box 190590, Nashville, TN 37219