

**FOR OFFICE USE ONLY**

**Tennessee Department of Revenue  
Monthly Licensed Distributor Report  
With TN Tax Paid On Sales by Non-Participating Manufacturers**

Please complete this form each month in full and mail in duplicate 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: \_\_\_\_\_

Company Officer E-mail Address: \_\_\_\_\_

**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.

All products pre-stamped or tobacco product tax paid by another wholesaler.  CIGARS ONLY

No Tax Stamps were affixed this reporting period.  PM ONLY

**\*\*Please select the type of product listed on THIS page (select ONE only):**

Cigarettes

Little Cigars

Roll-Your-Own

Column 1 No. of Cigarettes <u>or</u> Little Cigars <u>or</u> Oz. of Roll-Your-Own Products on which you affixed the tax stamp or otherwise paid the TN tax	Column 2 Brand Family (One entry for all types of brands. Do not split out into Lights, Kings, etc.)	Column 3 Manufacturer (Name & Address)	Column 4 Name and Address of the Person(s) from Whom Each Brand Family Was Purchased	Column 5 Name and Address of the First Importer of Foreign Manufactured Brand Family

\*\*\* MORE REPORTING SPACE AVAILABLE ON THE BACK SIDE OF THIS SHEET \*\*\*

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.

Signature of Company Officer: \_\_\_\_\_

Print Company Officer Name: \_\_\_\_\_

Print Company Officer Title: \_\_\_\_\_

Date: \_\_\_\_\_

Phone No. \_\_\_\_\_

