



**ADAM PAUL LAXALT  
ATTORNEY GENERAL**

**STATE OF NEVADA  
Monthly Tobacco Report  
(As required under NRS 370.327)**

**Any illegible or incomplete report will be returned and deemed unfiled.**

<b>BUSINESS IDENTIFICATION AND REPORTING PERIOD</b>	
Business Name	
Address (Physical)	
Address (Mailing, if different than physical)	
Phone Number	Fax Number
Email	Business Website
Name/Title of Person to be Contacted	
Nevada Tobacco License Number	Federal Employer Identification Number
Nevada Registered Agent	Registered Agent Phone Number
Reporting Period (Month/Year)	

**REPORT ALL SALES FOR THE REPORTING PERIOD USING EITHER APPENDIX A (SALES OF CIGARETTES) OR APPENDIX B (SALES OF OTHER TOBACCO PRODUCTS) AND ATTACH THE COMPLETED FORM(S) TO THIS REPORT.**

**ALL STATE EXCISE TAXES FOR THE REPORTED SALES HAVE BEEN REMITTED TO THE STATE OF NEVADA.**

<b>CERTIFICATION STATEMENT</b>		
<p><b>As a representative for an entity that is responsible for filing the report required under NRS 370.327, I certify that the information requested on this form has previously been submitted completely and accurately in a PACT Act report, as required under 15 U.S.C. §§ 375 et seq. I authorize the State of Nevada to utilize the data contained in the PACT Act report, as if set forth in full within this NRS 370.327 report, to satisfy the obligations of this report.</b></p> <p><b>Under penalty of perjury, I state that I have examined this report and all attachments hereto, and/or incorporated within, and the information provided is true, correct, and complete. I also state that such information is taken from the records of the business for which this report is filed.</b></p>		
Signature of owner or officer, e-signature acceptable	Name and Title (Printed)	Date
Signature of preparer, e-signature acceptable	Name and Title (Printed)	Date

**Return this completed report via email or mail to:**

**Nevada Office of the Attorney General**  
Tobacco Enforcement Division  
5420 Kietzke Lane, Suite 202  
Reno, Nevada 89511  
[tobaccoenforcement@ag.nv.gov](mailto:tobaccoenforcement@ag.nv.gov)

**Nevada Department of Taxation**  
Attn: Tobacco Division  
1550 College Parkway, Suite 115  
Carson City, Nevada 89706  
[Taxation-AdminMSA@tax.state.nv.us](mailto:Taxation-AdminMSA@tax.state.nv.us)

**APPENDIX A – RECORD OF SALES/TRANSFERS/SHIPMENTS/DELIVERIES OF CIGARETTES INTO THE STATE OF NEVADA**

Date of Sale: ___/___/_____	Invoice:	Units Sold (Sticks):	
Brand:	UPC:	Total Sale Price: \$	
Buyer:	Address:	FEIN:	License #:
Deliverer:	Address:	Phone:	

Date of Sale: ___/___/_____	Invoice:	Units Sold (Sticks):	
Brand:	UPC:	Total Sale Price: \$	
Buyer:	Address:	FEIN:	License #:
Deliverer:	Address:	Phone:	

Date of Sale: ___/___/_____	Invoice:	Units Sold (Sticks):	
Brand:	UPC:	Total Sale Price: \$	
Buyer:	Address:	FEIN:	License #:
Deliverer:	Address:	Phone:	

Date of Sale: ___/___/_____	Invoice:	Units Sold (Sticks):	
Brand:	UPC:	Total Sale Price: \$	
Buyer:	Address:	FEIN:	License #:
Deliverer:	Address:	Phone:	

Date of Sale: ___/___/_____	Invoice:	Units Sold (Sticks):	
Brand:	UPC:	Total Sale Price: \$	
Buyer:	Address:	FEIN:	License #:
Deliverer:	Address:	Phone:	

Date of Sale: ___/___/_____	Invoice:	Units Sold (Sticks):	
Brand:	UPC:	Total Sale Price: \$	
Buyer:	Address:	FEIN:	License #:
Deliverer:	Address:	Phone:	

**APPENDIX B – RECORD OF SALES/TRANSFERS/SHIPMENTS/DELIVERIES OF OTHER TOBACCO PRODUCTS INTO THE STATE OF NEVADA**

Date of Sale: ___/___/_____	Invoice:	Type (Select):	Total Weight	Wholesale list price
Brand:	UPC:		Quantity	Retail sales price
Buyer:	Address:		FEIN:	License #:
Deliverer:	Address:		Phone:	

Date of Sale: ___/___/_____	Invoice:	Type (Select):	Total Weight	Wholesale list price
Brand:	UPC:		Quantity	Retail sales price
Buyer:	Address:		FEIN:	License #:
Deliverer:	Address:		Phone:	

Date of Sale: ___/___/_____	Invoice:	Type (Select):	Total Weight	Wholesale list price
Brand:	UPC:		Quantity	Retail sales price
Buyer:	Address:		FEIN:	License #:
Deliverer:	Address:		Phone:	

Date of Sale: ___/___/_____	Invoice:	Type (Select):	Total Weight	Wholesale list price
Brand:	UPC:		Quantity	Retail sales price
Buyer:	Address:		FEIN:	License #:
Deliverer:	Address:		Phone:	

Date of Sale: ___/___/_____	Invoice:	Type (Select):	Total Weight	Wholesale list price
Brand:	UPC:		Quantity	Retail sales price
Buyer:	Address:		FEIN:	License #:
Deliverer:	Address:		Phone:	

Date of Sale: ___/___/_____	Invoice:	Type (Select):	Total Weight	Wholesale list price
Brand:	UPC:		Quantity	Retail sales price
Buyer:	Address:		FEIN:	License #:
Deliverer:	Address:		Phone:	

**State of Nevada**  
**NRS 370.327 Monthly Report**  
**Information and Instructions**  
**General Information**

**What does the NRS 370.327 monthly report refer to?**

As of July 1, 2017, anyone who sells, transfers, ships or otherwise delivers cigarettes, roll-your-own tobacco or smokeless tobacco into this State, except a common carrier, shall submit a monthly report with the following information:

- The quantity, by manufacturer and brand, of cigarettes, roll-your-own tobacco or smokeless tobacco sold, transferred, shipped, or otherwise delivered into the State
- The invoice date and number
- The name and address of the person to whom the cigarettes, roll-your-own tobacco or smokeless tobacco was sold, transferred, shipped or otherwise delivered
- The name and address of the person who transferred, shipped, or otherwise delivered the cigarettes, roll-your-own tobacco or smokeless tobacco

**Who must file this report?**

You must file this report if you sell, transfer, ship, or otherwise deliver cigarettes, roll-your-own tobacco, or smokeless tobacco into the state of Nevada. This includes anyone who sold, transferred, shipped, or otherwise delivered cigarettes, roll-your-own tobacco or smokeless tobacco into this State in the previous 24 months, even if the person did not sell, transfer, ship or otherwise deliver cigarettes, roll-your-own tobacco or smokeless tobacco into this State in the calendar month provided by the report. Please note that under NRS 370.684 an importer is jointly and severally liable for the reports referenced.

Alternatively, a person is not required to submit this report if the person is a manufacturer, importer, or wholesale dealer and the manufacturer, importer, or wholesale dealer timely submits to the Attorney General and Tax Department the reports required under 15 U.S.C. §§ 375 et seq., and completes the certification signature box on page 1.

**Instructions**

**When do I file?**

The report is due no later than the 10<sup>th</sup> day of each calendar month for the previous calendar month's shipments.

**Where do I send the report?**

Email or mail your report to:

**Nevada Office of the Attorney General**  
Tobacco Enforcement Division  
5420 Kietzke Lane, Suite 202  
Reno, NV 89511  
[tobaccoenforcement@ag.nv.gov](mailto:tobaccoenforcement@ag.nv.gov)

**Nevada Department of Taxation**  
Attn: Tobacco Division  
1550 College Parkway, Suite 115  
Carson City, NV 89706  
[Taxation-AdminMSA@tax.state.nv.us](mailto:Taxation-AdminMSA@tax.state.nv.us)

**Business Identification and Reporting Period**

*Nevada Tobacco License Number* – Write the license number issued to you by the Nevada Department of Taxation.

*Reporting period* – Reporting periods run from the first day of a calendar month to the last day of that month.

**Reports of Sales/Transfers/Shipments/Deliveries**

Reports are to be made using either Appendix A for cigarettes, or Appendix B for other tobacco products.

*UPC* – Write the UPC number.

*FEIN or License #* - Write the Federal Employer Identification number and the Nevada Tobacco License Number.

*Deliverer name, address and phone* – Provide the information of the person/company who delivered the cigarettes or other tobacco products into Nevada for you.

*Units sold (sticks)* – For cigarette sales, list the total number of *cigarettes* sold. Do not report in either packs or cartons.

*Type* – For other tobacco products, identify the type of tobacco product for which you are reporting. If the type is sold in ounces, report in ounces. Otherwise, report in the quantity of units sold.

*State excise taxes* – Check the box to verify that state excise taxes have been remitted to the State of Nevada for the reported sales. If no state excise taxes have been remitted, attach an explanation.