



**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.

BUSINESS IDENTIFICATION AND REPORTING PERIOD	
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.

CERTIFICATION STATEMENT		
<p>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.</p> <p>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.</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

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