

**DEPARTMENT OF THE TREASURY**  
**ALCOHOL AND TOBACCO TAX AND TRADE BUREAU (TTB)**  
**MONTHLY REPORT - TOBACCO PRODUCTS IMPORTER**

INSTRUCTIONS: Please type or print. Prepare in duplicate, retain the copy, and submit the original to the National Revenue Center, Alcohol and Tobacco Tax and Trade Bureau, 550 Main St, Ste 8002, Cincinnati, Ohio 45202-5215, not later than the 20th 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.

**NOTE: For this report, do NOT include tobacco products that are in Customs custody.**

1. NAME OF IMPORTER			2. PRINCIPAL BUSINESS ADDRESS (Number, Street, City, State and ZIP Code)					
3. MONTH AND YEAR OF REPORT	4. PERMIT NUMBER	5. EMPLOYER IDENTIFICATION NUMBER (EIN)						

ARTICLE	SMALL CIGARETTES (Number) (a)	LARGE CIGARETTES (Number) (b)	SMALL CIGARS (Number) (c)	LARGE CIGARS (Number) (d)	SNUFF LBS. OZ. (e)	CHEWING TOBACCO LBS. OZ. (f)	PIPE TOBACCO LBS. OZ. (g)	ROLL-YOUR-OWN TOBACCO LBS. OZ. (h)
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								
11. TOTAL								
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								
20. TOTAL								

<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>				FOR TTB USE ONLY	
21. SIGNATURE	22. DATE	23. E-MAIL ADDRESS (optional information)	24. TELEPHONE NUMBER (optional information)	AUDITED BY	
25. TITLE OR STATUS (State whether individual owner, partner, member of a limited liability company, or if officer of corporation, give title)				DATE OF AUDIT	

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**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 56 minutes 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 Reports Management Officer, Regulations and Rulings Division, Alcohol and Tobacco Tax and Trade Bureau, Washington, DC 20220.

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.