

Signature

## ALABAMA DEPARTMENT OF REVENUE BUSINESS & LICENSE TAX DIVISION

TOB: MANUF 1/13

Checked by:

TOBACCO TAX SECTION

P.O. Box 327555 • Montgomery, AL 36132-7555 • (334) 242-9627 www.revenue.alabama.gov

## Monthly Manufacturers Report

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		F	or the Month of,		
COMPANY NAME				FEIN / SSN	
ADDRESS				TELEPHONE (	
CITY			STATE	ZIP	
Invoice Date	Invoice Number	Distributor's Permit/Registration Number	Cigarettes Shipped To: Name	Cigarettes Shipped To: Address	Number of Cigarettes
		Total Cigarettes Receive	d (Attach additional sheets as needed):		
		2 3	,		

The report is due by the 10th of the month for the preceding month's activity.

Date

Title

## **Instructions**

Who should file this report: Every manufacturer, distributor, and importer shall file with the Department of Revenue a report concerning all sales, releases, and deliveries of tobacco products to qualified wholesalers and retailers of this state made or authorized by such manufacturer, distributor, or importer during the preceding calendar month.

**Invoice Date:** Enter the date of the invoice.

**Invoice Number:** Enter the invoice number.

**Distributor's Permit Number:** Enter the permit number or registration number of the distributor. This 10-digit number is issued to the distributor by the Alabama Department of Revenue allowing them to stamp tobacco products or otherwise pay the tax. Contact the distributor for their Department issued number.

Cigarettes Shipped To Name: Name of entity to whom cigarettes were distributed.

Cigarettes Shipped To Address: Address of entity to whom cigarettes were distributed.

Number of Cigarettes: Enter number of individual cigarettes per the invoice. Do not show number in packs, cartons or cases.