Report of All Tobacco Sales for Resale

For the Month of ______________________, __________

Wholesalers, jobbers, semi-jobbers, retailers, importers or any other person selling, receiving, or distributing tobacco products for resale in this state must file this report. Only report one product type per line item.

Retailers only selling to the end user (consumer) and make no sales for resale are NOT required to file this report.

Under penalties of perjury, I hereby certify that the report made by me is true and correct.

<table>
<thead>
<tr>
<th>INVOICE DATE</th>
<th>INVOICE NUMBER</th>
<th>CUSTOMER’S FULL NAME</th>
<th>CUSTOMER’S ADDRESS</th>
<th>CUSTOMER’S CITY</th>
<th>CUSTOMER’S STATE</th>
<th>CUSTOMER’S ZIP</th>
<th>CUSTOMER’S SALES TAX #</th>
<th>PRODUCT DESCRIPTION</th>
<th>PRODUCT TYPE</th>
<th>QUANTITY</th>
<th>TOTAL SALES PRICE</th>
<th>STATE TOBACCO TAX PAID</th>
<th>COUNTY TOBACCO TAX PAID</th>
<th>CITY TOBACCO TAX PAID</th>
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Instructions

The report must be filed with the Alabama Department of Revenue between the first and the twentieth of each month for the previous month's activity. This form is due regardless of activity. If there is no activity during the month, a report must be filed. A $50 penalty will apply if the report is not filed timely. In addition, after January 1, 2019, and each reporting period thereafter:

a. The first violation of this section shall result in a written notice from the Department. The notice shall advise the seller of the non-compliance and the penalty for future non-compliance if the required informational reports are not filed within 30 days from the written notice as provided herein.

b. The second violation of this section shall result in a penalty not to exceed five hundred dollars ($500).

c. The third and each subsequent violation of this section shall result in a penalty not to exceed one thousand dollars ($1,000).

Invoice Date: Enter the date of the invoice.

Invoice Number: Enter the invoice number.

Customer’s Name: Enter the name of company to whom products were sold for resale.

Customer’s Address: Enter the address of company to whom products were sold for resale.

Customer’s City: Enter the city where the company to whom products were sold for resale is located.

Customer’s State: Enter the state of company to whom products were sold for resale.

Customer’s Zip Code: Enter the zip code of company to whom products were sold for resale.

Customer’s Sales Tax #: Enter the Sales Tax # of company to whom products were sold for resale.

Description of Product Sold: Enter a detailed description of the item. Show one product type sold per line.

Description of Product Type: Enter the type of product sold (cigarettes, snuff, chewing tobacco, smoking tobacco, R-Y-O, cigars, little cigars, filtered cigars - weighing 3 lbs. or less/1,000, filtered cigars - weighing more than 3 lbs./1,000 or cigar wrappers) from the drop-down box.

Smoking Tobacco includes pipe tobacco, roll-your-own (R-Y-O) and any other tobacco products classified as smoking tobacco.

Roll-your-own (R-Y-O) is any tobacco which, because of its appearance, type, packaging, or labeling is suitable for use and likely to be offered to, or purchased by, consumers as tobacco for making cigarettes.

Filtered cigars are cigars that have a cellulose acetate or similar integrated filter, made of tobacco, or any substitute therefor.

Quantity: Enter the quantity of products sold

Total Sales Price: Enter the total sales price of products sold

State Tax Paid: Enter the amount of state tobacco tax you paid directly to the Alabama Department of Revenue. Leave blank if the tax was not paid by you directly to the Department.

County Tax Paid: Enter the amount of county tobacco tax that you paid directly to the Alabama Department of Revenue for state-administered counties or to another county tax administering authority. Leave blank if the tax was not paid by you directly to the Department or a county tax administering authority.

City Tax Paid: Enter the amount of city tobacco tax that you paid directly to the city or to another city tax administering authority. Leave blank if the tax was not paid by you directly to the Department or the city or an agency operating on behalf of the city.