

ALABAMA DEPARTMENT OF REVENUE **BUSINESS & LICENSE TAX DIVISION**

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

TOB: T-WHSLE	10/15
Over Short Checked By	

Monthly Report by Resident Wholesale Dealers in Cigarette Products

For the Month of

NAI	ME		FEIN OR SOCIAL SECUR	TY NUMBER	
ADI	DRESS		PERMIT NUMBER		
CIT	Y STAT	E ZIP	TELEPHONE NUMBER		٦
				<u> </u>	
	This report must be filed with the Alabama Depart		e first and twentieth of each m	onth for all cigarette prod	ducts
	I Alabama state stamps handled during the precec Reports must be made in duplicate. Original must		as and the convenience with dat	ailed decumentation retu	oinad
	our files subject to audit and inspection by the Ala			alled documentation, reta	airieu
ŀ	PART I – CIGARETTES			(b)	
			(a) NUMBER OF CIGARETTES	(b) TAX VALUE (Col. a x \$0.03375)	
1.	Beginning inventory of unstamped cigarettes			(
	Cigarettes purchased during month (Complete Part II)				
	TOTAL CIGARETTES TO ACCOUNT FOR (add lines 1 a				
	Less:	•			
4.	Unstamped sales to Alabama National Guard Units (Comp	olete Part III)			
5.	Unstamped sales to U.S. Government (Complete Part IV).				
6.	Unstamped sales into other states (attach Schedule C)				
7.					
8.	Ending inventory of unstamped cigarettes (Include unstam				
0	states' stamped cigarettes including those held for shipme	-			
	TOTAL (add lines 4 through 8) TOTAL CIGARETTES STAMPED (line 3 less line 9)				
10.	Complete Schedule D (form TOB: SCH D)				
	Complete ochedule b (loim 10b. 0011b)	INVOICE DATE	INVOICE NUMBER	STAMP VALUE	
11.	STATE CIGARETTE STAMP PURCHASES:				
	TOTAL STATE CIGARETTE STAMP PURCHASES				
	Beginning inventory of state cigarette stamps				
	TOTAL STATE CIGARETTE STAMPS AVAILABLE (add	•			
	Ending inventory of state cigarette stamps				
	State cigarette stamps used (line 14 less line 15) DIFFERENCE (line 10 column (b) less line 16)				
17.	DIFFERENCE (IIIIe 10 Column (b) less line 10)			TAX VALUE	
			NUMBER OF CIGARETTES	(Col. a x \$0.03375)	
18.	Stamped Sales to Federally Recognized Indian Reservation	ons (Complete Part V)			
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Un	der penalties of perjury, I hereby certify that the	ins report and the statemen	is contained herein are true a	mu correct.	
SIG	NATURE	TITLE	DATE		

		,	nd Received During The Month	CIGARET	TES ONLY
INVOICE DATE	INVOICE NUMBER	* MANUFACTURER/ DISTRIBUTOR NUMBER	FROM WHOM PURCHASED AND RECEIVED (NAME AND ADDRESS)	(a) NUMBER OF CIGARETTES	(b) TAX VALUE (Col. a x \$0.03375)
TOT4: 0	(Enter have and	also Part I line 2)			

Copy and attach additional sheets if needed. A computer printout with the **EXACT** headings and this format is acceptable; however, totals must be entered on this page. We can no longer accept return information, including schedules, not in the **EXACT** format as this form.

^{*} This is the eight character number assigned to the manufacturer (or other distributor) by the Alabama Department of Revenue. A listing of numbers may be obtained from our website at http://www.revenue.alabama.gov/tobaccotax/MfgDistList.pdf. If a company's name and manufacturer/distributor number is not listed, contact the Tobacco Tax Section at 334/242-9627.

NONTAXABLE SALES AS PROVIDED BY LAW

PART III - Sales To National Guard Units CIGARETTES ONLY							
INVOICE DATE	EXEMPTION CERTIFICATE NUMBER	INVOICE NUMBER	TO WHOM SOLD (NAME AND ADDRESS)	(a) NUMBER OF CIGARETTES	(b) TAX VALUE (Col. a x \$0.03379	5)	
TOTALS (E	TOTALS (Enter here and also on Part I, line 4)						

	INVOICE NUMBER	TO WHOM SOLD (NAME AND ADDRESS)	CIGARETTES ONLY		
INVOICE DATE			(a) NUMBER OF CIGARETTES	(b) TAX VALUE (Col. a x \$0.03375)	

PART V – Sales To Federally Recognized Indian Reservations						
			CIGARETTES ONLY			
INVOICE DATE	INVOICE NUMBER		(a) NUMBER OF CIGARETTES	(b) TAX VALUE (Col. a x \$0.03375)		
TOTALS (Er	nter here and also	o on line 18)				

Copy and attach additional sheets if needed. A computer printout with the **EXACT** headings and this format is acceptable; however, totals must be entered on this page. We can no longer accept return information, including schedules, not in the **EXACT** format as this form.

Instructions For Filing Resident Wholesaler's Monthly Report

- Line 1 Enter actual beginning inventory of unstamped cigarettes in column. Multiply column (a) by \$0.03375. Enter results in column (b).
- Line 2 Complete Part II showing the invoice date, invoice number, manufacturer/distributor number, name and address from whom products were purchased or received, number of cigarettes and tax value of cigarettes. The manufacturer/distributor number *must* be shown. This number is assigned to the manufacturer/distributor by the Department of Revenue. If a company's name and number is not listed on our website at http://www.revenue.alabama.gov/tobaccotax/MfgDistList.pdf, contact the Tobacco Tax Section at 334/242-9627. Enter the total NUMBER OF CIGARETTES and total TAX VALUE from Part II on line 2 columns (a) and (b) of Part I.
- **Line** 3 Add lines 1 and 2 for both columns (a) and (b).
- Line 4 Enter total cigarettes sold to National Guard Units in column (a) (see Part III). Multiply column (a) by \$0.03375. Enter results in column (b).
- Line 5 Enter total cigarettes sold to the U.S. Government in column (a) (see Part IV). Multiply column (a) by \$0.03375. Enter results in column (b).
- **Line** 6 Enter the grand total of cigarettes sold in other states in column (a) (see Schedule C). Multiply results by \$0.03375. Enter results in column (b).
- Line 7 Enter in column (a) cigarettes returned to the manufacturer bearing another state's stamp. (NOTE: Do not include cigarettes to be returned to the manufacturer bearing an Alabama stamp.) Multiply column (a) by \$0.03375. Enter the results in column (b).
- **Line** 8 Enter actual ending inventory of Alabama unstamped cigarettes at end of month in column (a). Multiply column (a) by \$0.03375. Enter results in column (b).
- Line 9 Add lines 4 through 8. Indicate total cigarettes in column (a). Multiply column (a) by \$0.03375. Enter results in column (b).
- **Line 10** Subtract line 9 from line 3 for both columns (a) and (b). Schedule D must be completed to show Alabama taxed cigarettes and/or roll-your-own tobacco produced by a manufacturer *participating and not participating* in the tobacco Master Settlement Agreement.
- **Line 11** Indicate purchases of state stamps from the Alabama Department of Revenue by showing invoice date, invoice number and stamp value.
- **Line 12** Enter value of state cigarette stamps purchased during the month.
- Line 13 Enter the value of state cigarette stamps on hand at beginning of month.
- **Line 14** Enter the results of adding lines 12 and 13.
- **Line 15** Enter the actual value of state cigarette stamps on hand at end of month.
- **Line 16** Enter the results of subtracting line 15 from line 14.
- **Line 17** Enter the results of subtracting line 10 column (b) from line 16.
- Line 18 Enter total cigarettes sold to Federally Recognized Indian Reservations in column (a) (see Part V). Multiply column (a) by \$0.03375. Enter results in column (b).

Please ensure that all parts of the form are attached in the correct order.

DO NOT attach different tobacco tax reports to this report.