

**Commonwealth of the Northern Mariana Islands Licensed Wholesaler Monthly Reporting Form:
Excise Tax on Non-Participating Manufacturer Cigarettes and Roll-Your-Own Tobacco**



(Schedule B)

Reporting Month/Year: _____

Return the completed form 30 days after the close of the reporting month. Please complete this schedule in full and mail to:
 Director, Division of Revenue and Taxation
 Department of Finance
 P.O. Box 5234 CHRB
 Saipan, MP 96950
 or fax to: (670) 664.1015

Please provide the following information with respect to cigarette sticks and “roll-your-own” tobacco made by participating manufacturers for which an excise tax is due after request for refund to the CNMI Department of Finance this month. Attach additional sheets as necessary. For a list of participating manufacturers and brands visit: www.naag.org/issues.tobacco.

Your Business Name and Address: _____

Contact Person: _____ Telephone: _____

Brand Name (a)	Participating Manufacturer’s Name (and address if known) (b)	Name and address of Person(s) from Whom Purchased (c)	Invoice (Attach Copies) (d)		Number of individual cigarette sticks received (e)	Quantity of roll-your-own ounces received (f)	State whether or not you applied for a refund of excise tax. If so, state basis for refund. Attach supporting documentation (g)	Total amount of cigarette sticks for which you are responsible for paying the income tax (h)
			Date	Number				

I, _____, do hereby certify under penalty of perjury, that the above-stated information is true and correct.
 (print name & title)

Signature: _____

Date: _____