

Distributor Quarterly Report of Sales of Non-Participating Manufacturers' Brands

Instructions – Please read thoroughly before completing your report

General Information

Who is required to file this report?

1. Cigarette Distributor Licensees: If you are a cigarette distributor, you must file this form to report sales you made of cigarettes bearing Illinois cigarette stamps that were manufactured by a non-participating manufacturer. Distributors are not required to make any payments with this report.

2. TP Licensees: By definition, "cigarette" includes roll-your-own ("RYO") tobacco. You must file this form to report sales of RYO tobacco made by a non-participating manufacturer for which Illinois Other Tobacco Products (OTP) Tax was paid. All individuals or businesses that have a Tobacco Products Tax License must file this form whether or not there were any sales of roll-your-own tobacco.

Who is a non-participating manufacturer?

A cigarette manufacturer who is not participating in the Tobacco Master Settlement Agreement of 1998. Manufacturers who are not listed on the Directory of Participating Manufacturers are non-participating manufacturers.

When is this report due?

This report should be filed by the 20th day of the month following the end of the reporting quarter. The report for:

First Quarter (Jan. 1 - Mar. 31)	Due April 20
Second Quarter (Apr. 1 - Jun. 30)	Due July 20
Third Quarter (Jul. 1 - Sept. 30)	Due October 20
Fourth Quarter (Oct. 1 - Dec. 31)	Due January 20

Where do I send my completed report?

Completed report can be sent to the Tobacco Enforcement Unit at the address, fax or e-mail address listed below:

**OFFICE OF THE ATTORNEY GENERAL
TOBACCO ENFORCEMENT BUREAU
500 SOUTH 2nd STREET
SPRINGFIELD IL 62706**

FAX: 217-524-4701

EMAIL: TOBACCO.TOBACCO@ILAG.GOV

This form is authorized by the Tobacco Product Manufacturers' Escrow Act. Disclosure of this information is REQUIRED. Failure to comply may result in a penalty. *Last Updated 03/09/2022*

Specific Instructions

Step 1: Distributor information

Lines 1-2 Provide your business name and address at which you wish to receive mailings.

Line 3 Provide the name of the person the Attorney General should contact with questions regarding this filing.

Line 4 Provide an e-mail address for purposes of receiving electronic mail updates and notifications.

Line 5 Write the date the report was prepared

Line 6 Write in the reporting year on the line and check the box for the quarter you are submitting the report for. **Only one quarter can be checked per report.**

Line 7 Provide the contact phone number for the business.

Step 2: Tobacco Product Sold

Check the box indicating if your business had NPM sales for the quarter. You MUST check yes or no in order for the report to be considered compliant.

Non-participating manufacturer and brand information

Column a — Write the name of the brand. If you are uncertain whether a particular brand is manufactured by a non-participating manufacturer, you should consult the Illinois Directory of Compliant NPMs. If you need a copy of this Directory, you may contact the Attorney General's Office. If the manufacturer and brand that you sell does not appear together on the Directory, you should include that brand in Column a. **A current listing of brands of non-participating manufacturers can be found on the internet at www.IllinoisAttorneyGeneral.gov.**

Column b — Write the number of individual cigarettes bearing Illinois tax stamps you sold of the brands listed in Column a. This column should be left blank for roll-your-own tobacco brands.

Column c — Write the number of ounces of roll-your-own tobacco that were subject to Illinois taxes for the brands listed in Column a. This column should be left blank for cigarette brands.

Column d — Write the name and mailing address of the non-participating manufacturer manufacturing the brand shown in Column a.

Us/Another— Write "U" if the Illinois tobacco products tax was paid or the product was stamped under the distributor license listed on this form. Write "A" if the tobacco products tax was paid by another entity or the product was stamped by someone else.

Column e — Write the name and mailing address of the person from whom you purchased the brand shown in Column a. If you purchased the brand from another distributor, then you should list the name and address of the other distributor. Write "Same" if this information is already listed in Column d. If the company listed paid the Illinois tobacco products tax or stamped the product, indicate by an asterisk (*).

Column f — Write the name and mailing address of the first importer or first purchaser of foreign or non-resident brands shown in Column a. Write "Same" if already listed in Column d or Column e.

Please provide to each manufacturer you listed in Step 3, a copy of the information applicable to such manufacturer.



Illinois Attorney General
 Tobacco Enforcement Bureau
 500 South Second Street
 Springfield, Illinois 62706
 (217)785-8541 fax (217)524-4701
 Email: TOBACCO.TOBACCO@ILAG.GOV

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**CIG/TP
 LICENSE NO:**

Note This form must be completed by all distributors holding a Cig or TP license with the Illinois Department of Revenue and filed on or before the 20th day of the month following the end of the reporting period.

Step 1: Distributor Information

1 Name _____

2 Address, City, State, Zip _____

3 Contact Person(s) _____

4 Email Address _____

5 Report prepared date _____ / _____ / _____

Reporting

6 **Year:** _____

1st Quarter (January 1 – March 31)
 2nd Quarter (April 1 – June 30)
 3rd Quarter (July 1 – September 30)
 4th Quarter (October 1 – December 31)

7 Contact Phone _____

Step 2: Did your business have NPM Brand Cigarette and/or Roll-Your-Own Sales? NO YES

*If Yes, list brands below and provide purchase and sales invoices

Non-Participating Manufacturer (NPM) and Brand Information

Brand name a	Number of cigarettes (sticks) sold within the state b	Ounces of roll-your-own tobacco sold within the state c	Non-participating manufacturer name and address d	Illinois Tobacco Products Tax (OTP) paid by or Product stamped by ("U" or "A") Us/Another e	Name and address of the person from whom brand was purchased. If this company paid the Illinois tobacco products tax or stamped the product, indicate by asterisk (*). e	Name and address of the first importer of foreign NPM brands or first purchaser of non-resident NPM brands (if necessary) f
1 _____	_____	_____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____	_____	_____

Cigarette and RYO brands not listed together with the manufacturer on either the Illinois Directory of Participating Manufacturers or the Illinois Directory of Compliant NPMs may NOT be sold in Illinois.

Both directories are published on the Attorney General's website at www.IllinoisAttorneyGeneral.gov (Click on Tobacco, then Illinois Directories.) Contact the Tobacco Enforcement Bureau at 217-785-8541 if you have any questions regarding the manufacturers and brands which may be sold in Illinois.