



CIGARETTE DISTRIBUTING AGENT'S REPORT

Permit Name _____ of _____

Month Reported _____ Yr _____ Reporting Period _____ through _____

PRODUCT TRANSACTIONS

A separate page must be completed for each type of transaction

- Receipts In-State Shipments (Line 5)
 Returns From Distributor Out-of-State Shipments (Line 6)

Note: If legible copy of invoice, bill of lading, or delivery ticket is attached, show total received/shipped for period.

Date	Reference Number	Name and Address of Supplier or Consignee	20s	25s
TOTAL				