



### 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				