



CIGARETTE EXPORTER'S REPORT

Permit Name _____ of _____ Permit No. _____

Month Reported _____ Yr _____ Reporting Period _____ through _____

PRODUCT TRANSACTIONS

A separate page must be completed for each type of transaction

TRANSACTION TYPE: Choose one

- | | |
|--|--|
| <input type="checkbox"/> Received From Manufacturers | <input type="checkbox"/> Withdrawals For Export |
| <input type="checkbox"/> Received From Others | <input type="checkbox"/> Other Tax Exempt Removals |

NOTE: Attach a legible copy of ATF form 2149/2150

Date	2149/2150 Serial Number	Name and Address of Supplier or Consignee	20s	25s
TOTAL				