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

- ☐ Received From Manufacturers
- ☐ Received From Others
- ☐ Withdrawals For Export
- ☐ 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