



# Brand Specific Report for Cigarette, Little Cigar and Roll-Your-Own Product with Iowa Tax Paid for ALL Manufacturers

- 1st Quarter     2nd Quarter  
 3rd Quarter     4th Quarter/Annual

**Due Date:** the 20th day following the end of the Quarter.  
**Penalty for first late-filed return: \$200.**

Year: \_\_\_\_\_

**Permit No:** \_\_\_\_\_

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. City, State, Zip: \_\_\_\_\_
4. E-mail: \_\_\_\_\_

**MAIL THIS FORM TO:**

Iowa Department of Revenue  
PO Box 10465  
Des Moines, IA 50306-0465  
Questions? Call 515-281-6134

## Brand specific manufacturer information for actual amount of product sold in Iowa

Please include all purchases of all brands of cigarettes, including little cigars and roll-your-own tobacco products sold in Iowa. This includes brands of signatories of the Master Settlement Agreement (Participating Manufacturers) and brands of all Non-Participating Manufacturers (NPM). Select only one type of product per page: cigarettes, little cigars or roll-your-own products. Identify this at the top of each page. Circle either (O) Original Participating, (S) Subsequent Participating or (N) Non-Participating for each manufacturer.

**Brand Names:** Please list only one entry for all types of the same brand. Do not split out into Lights, Kings, 100's, Menthol, etc., for each brand.

**NOTE:** One total per brand per quarter is needed to be considered as complete. Incomplete reports will be sent back to the distributor for completion.

**Please select type of product listed on THIS page (select only one):**  Cigarettes  Little Cigars  Roll-Your-Own  
 None - No Iowa Purchases or Sales of the above three products

Purchased from	Street address, City, State, Zip	Manufacturer if different than purchased from	Type of Manufacturer	Brand	Number of sticks or ounces with IA tax paid
_____	_____	_____	O / S / N	_____	_____
_____	_____	_____	O / S / N	_____	_____
_____	_____	_____	O / S / N	_____	_____
_____	_____	_____	O / S / N	_____	_____
_____	_____	_____	O / S / N	_____	_____

MORE SPACES ARE AVAILABLE ON THE BACK SIDE OF THIS SHEET.

Prepared by: \_\_\_\_\_ Phone No: \_\_\_\_\_ Date: \_\_\_\_\_

Distributor Signature: \_\_\_\_\_

