

State of New Mexico
Taxation and Revenue Department
CIGARETTE MANUFACTURER'S MONTHLY REPORT

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Report for calendar month of: _____

Due on or before the 25th day of the month following the close of the report month.

| | | |
|------------------------------|-------------------------------------|--|
| Name and address of facility | | Federal employer identification number |
| | | Social security number |
| | | New Mexico CRS identification number |
| Name of contact person | Telephone number and e-mail address | New Mexico manufacturer's license number |

For assistance call (505) 827-6842

Report unstamped packages of cigarettes distributed or sold:

- to another manufacturer, distributor or export warehouse proprietor within New Mexico, or
- inside New Mexico to another facility owned by the same manufacturer.

DISTRIBUTED CODE

For each entry, enter the code from the Distributed Code Table, to indicate the entity to which the packages of cigarettes were distributed.

| DISTRIBUTED CODE TABLE | |
|------------------------|--|
| Code | Distributed or sold: |
| N | to another manufacturer, distributor or export warehouse proprietor who is an Indian nation, tribe or pueblo in New Mexico, or to a tribal member located on the Indian nation, tribe or pueblo in New Mexico. NOTE: Manufacturers may not sell unstamped cigarettes to retailers. |
| F | to another facility in New Mexico of the same manufacturer. |
| NM | to another manufacturer, distributor or export warehouse proprietor in New Mexico. |

| Brand Family | Distributed Code | Distributed to: (Enter name and address.) | Number of packages of cigarettes |
|--------------|------------------|--|----------------------------------|
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| From all pages of this report, enter the total quantity of packages of cigarettes distributed in New Mexico. | |
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Under penalty of perjury, I declare that I have examined this report and all attachments and to the best of my knowledge and belief it is true, correct and complete.

Signature of authorized agent _____ Date _____ Phone _____ E-mail address _____

Mail to: New Mexico Taxation and Revenue Department, Cigarette Tax Unit, P.O. Box 25123, Santa Fe, NM 87504-5123

