



Illinois Attorney General
Tobacco Enforcement Bureau
500 South Second Street
Springfield, Illinois 62706
(217)785-8541 fax (217)524-4701

Distributor Quarterly Report of Sales of Non-Participating Manufacturers' Brands

LICENSE NO:

QUARTERLY

Note This report must be filed on or before the 20th day of the month following the end of the reporting period. Distributor Addresses and Correspondence Addresses are obtained from the Illinois Department of Revenue.

Step 1: Distributor Information

1 Name _____

2 Address _____

3 City, State, ZIP _____
4 Contact _____

Correspondence Address

5 _____

6 _____

7 _____
8 _____

9 Report prepared date _____ / _____ / _____
10 Reporting quarter and year: from _____ / _____ / _____
to _____ / _____ / _____
11 Telephone Number _____
12 Corresp. Phone _____
13 Contact Phone _____
14 E-Mail Address _____

Step 2: Non-Participating Manufacturer and Brand Information

Brand name a	Number of cigarettes sold within the state b	Ounces of roll-your-own tobacco sold within the state c	Non-participating manufacturer name and address d	Illinois Tobacco Products Tax (OTP) paid by or Product stamped by ("U" or "A") Us/Another	Name and address of the person from whom brand was purchased. If this company paid the Illinois tobacco products tax or stamped the product, indicate by asterisk (*). e	Name and address of the first importer of foreign NPM brands or first purchaser of non-resident NPM brands f
1						
2						
3						
4						
5						

Cigarette and RYO brands not listed together with the manufacturer on either the Illinois Directory of Participating Manufacturers or the Illinois Directory of Compliant NPMs may NOT be sold in Illinois.

Instructions

Distributor Quarterly Report of Sales of Non-Participating Manufacturers' Brands

General Information

Who is required to file this report?

1. Cigarette Distributor Licensees: If you are a cigarette distributor, you must file this form to report sales you made of cigarettes bearing Illinois cigarette stamps that were manufactured by a manufacturer who is **not** participating in the tobacco Master Settlement Agreement. Distributors are not required to make any payments with this report.

2. TP Licensees: By definition, "cigarette" includes roll-your-own ("RYO") tobacco. You must file this form to report sales of RYO tobacco made by a non-participating manufacturer for which Illinois Other Tobacco Products (OTP) Tax was paid. All individuals or businesses that have a Tobacco Products Tax License must file this form whether or not there were any sales of roll-your-own tobacco.

Who is a non-participating manufacturer?

A cigarette manufacturer who is not participating in the tobacco Master Settlement Agreement. Manufacturers who are not listed on the Directory of Participating Manufacturers are non-participating manufacturers.

When is this report due?

This report should be filed by the 20th day of the month following the end of the reporting quarter. The report for:

- January, February, and March is due on or before April 20,
- April, May, and June is due on or before July 20,
- July, August, and September is due on or before October 20, and
- October, November, and December is due on or before January 20 of the following year.

Where do I send my completed report?

Mail your completed report to the Tobacco Enforcement Unit at the address below:

OFFICE OF THE ATTORNEY GENERAL
TOBACCO ENFORCEMENT BUREAU
500 SOUTH 2nd STREET
SPRINGFIELD IL 62706

Please provide to each manufacturer you listed in Step 2, a copy of the information applicable to such manufacturer.

Formerly Form TP-8 (R-12/01) back This form is authorized by the Tobacco Product Manufacturers' Escrow Act. Disclosure of this information is REQUIRED. Failure to comply may result in a penalty. Last Updated 03/07/2005

Specific Instructions

Step 1: Distributor information

Lines 1-3 Confirm your name and address. Update incorrect information.

Line 4 Provide the name of the person the Attorney General should contact with questions regarding this filing.

Lines 5-8 Confirm or add your correspondence address, if different from Lines 1-4.

Line 9 Write the date that the report was prepared.

Line 10 Write the period this report covers.

Line 11-13 Confirm and update telephone numbers for the distributor, correspondence and contact person.

Line 14 Provide an e-mail address for purposes of receiving electronic mail updates and notifications.

Step 2: Non-participating manufacturer and brand information

Column a — Write the name of the brand. If you are uncertain whether a particular brand is manufactured by a non-participating manufacturer, you should consult the Illinois Directory of Participating Manufacturers. If you need a copy of this Directory, you may contact the Attorney General's Office. If the manufacturer and brand that you sell does not appear together on the Directory, you should include that brand in Column a. A current listing of brands of participating manufacturers can be found on the internet at www.IllinoisAttorneyGeneral.gov.

Column b — Write the number of individual cigarettes bearing Illinois tax stamps you sold of the brands listed in Column a. This column should be left blank for roll-your-own tobacco brands.

Column c — Write the number of ounces of roll-your-own tobacco that were subject to Illinois taxes for the brands listed in Column a. This column should be left blank for cigarette brands.

Column d — Write the name and mailing address of the non-participating manufacturer manufacturing the brand shown in Column a.

Us/Another— Write "U" if the Illinois tobacco products tax was paid or the product was stamped under the distributor license listed on this form. Write "A" if the tobacco products tax was paid by another entity or the product was stamped by someone else.

Column e — Write the name and mailing address of the person from whom you purchased the brand shown in Column a. If you purchased the brand from another distributor, then you should list the name and address of the other distributor. Write "Same" if this information is already listed in Column d. If the company listed paid the Illinois tobacco products tax or stamped the product, indicate by an asterisk (*).

Column f — Write the name and mailing address of the first importer or first purchaser of foreign or non-resident brands shown in Column a. Write "Same" if already listed in Column d or Column e.