



Brand Specific Report for the Fourth Quarter 2011 December 28, 2011

WHO MUST FILE this report:

- ALL Iowa Cigarette Distributors
- ALL Iowa Tobacco Distributors.
- ALL Cigarette Manufacturers.
- **Failure to timely file this report will subject you to a penalty of \$200.00 or greater.**

THIS REPORT IS NOW ONLINE:

- This fill-in version of this form is on the Department's Web site www.iowa.gov/tax.
- You will need Acrobat Reader to fill in this form.
- Open the form and type in the information. The pages will total for you automatically.
- Print two copies, mail one copy to the department - keep the other copy.
- There is not a way available yet to electronically file this form or save it in a filled-in state.

OTHER WAYS TO FILE THIS REPORT:

- Use any computer-generated report; attach a copy to the Brand Specific Report.
- Fill in the distributor information at the top of the Brand Specific Report.
- You **MUST** combine your monthly reports for a quarterly total.
- Each brand **MUST** be listed separately with a quarterly total.
- If you fail to do any of the above, the report will be considered as incomplete and returned to the distributor for completion.

TOBACCO DISTRIBUTORS AND CIGARETTE MANUFACTURERS:

- You may file this quarterly report as your **ANNUAL** Report.
- Check the box that says **NONE** on the front page.
- If at any time in the next year you start to sell any cigarettes or roll your own product (where you pay the tax directly to the state of Iowa), you must notify the department and start filing the Brand Specific Report.

ELECTRONIC INFORMATION SENT OUT BY THE CIGARETTE TOBACCO eList:

- Directory of Approved Brands & the Iowa Cigarette Minimum Price List
- <http://elists.idrf.state.ia.us/scripts/wa.exe> - use this to sign up to receive electronic info.

HOW LONG ALL REPORTS MUST BE RETAINED:

- Cigarette and tobacco tax forms - three years.
- Brand Specific Reports – five years.

HOW TO CONTACT THE DEPARTMENT:

- You may send an e-mail Dawn.Johnson@iowa.gov or call 515-281-8023 or fax 515-281-3756.



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

Report for the Months of October through December 2011

Due Date: January 20, 2012

Penalty for first late-filed return: \$200

Permit No: _____

1. Name: _____

2. Address: _____

3. City, State, Zip: _____

4. E-mail: _____

MAIL THIS FORM TO:

Iowa Department of Revenue

PO Box 10456

Des Moines, IA 50306-0456

Telephone: 515/281-8023 Fax: 515/281-3756

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. Please check the National Association of Attorneys General Web site, www.naag.org, under tobacco settlement documents, for a list of all participating manufacturers and brand names.

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
or None - No Iowa Purchases or Sales of the above three products

Purchased from	Street address, city, state, zip and country	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: _____ Distributor Signature: _____ Date: _____

