



State of Illinois Distributor Affidavit for 2019 Sales of Cigarettes or OTP

SUBMIT BY
JANUARY 20, 2020

See Page 4 Instructions before completing.

Page 1 of 4

Part 1: Distributor Identification

Company Name _____		FEIN _____	
Mailing Address _____			
City _____		State _____	Zip Code _____
Phone _____		Fax _____	Web Address _____
Illinois Business Tax Number _____	Cigarette License No. Stamping _____	TP License No. _____	
Name and title of designated contact _____			
Designated Contact Email _____	<input type="checkbox"/> Check here if Designated Contact has different contact information than above and provide that in an attachment.		
Name and title of person completing this form _____			

Part 2: Questions relating to your business

Our sales of tobacco products represent (Check all that apply)

<input type="checkbox"/> Cigarettes stamped by us	<input type="checkbox"/> RYO/MYO for which WE PAY the Illinois OTP tax	<input type="checkbox"/> "Little Cigars"
<input type="checkbox"/> Unstamped Cigarettes	<input type="checkbox"/> RYO/MYO for which ANOTHER ENTITY PAYS the Illinois OTP tax	<input type="checkbox"/> Pipe Tobacco, Snuff, or Cigars
<input type="checkbox"/> Cigarettes which have already been STAMPED BY ANOTHER entity	<input type="checkbox"/> Other: _____	

Our sales of tobacco products are to the following (Check all that apply)

<input type="checkbox"/> Sales to other distributors	<input type="checkbox"/> Retail sales to customers	<input type="checkbox"/> Mail order sales
<input type="checkbox"/> Sales to retailers	<input type="checkbox"/> Internet sales	<input type="checkbox"/> Other

Part 3: Purchases of Illinois Cigarette Stamps

The undersigned certifies, under penalty of perjury, as of the date of this certification, that the following list of Illinois cigarette stamp purchases and returns for the above license number is complete and accurate.

Month	Stamps (20 per pack)	Stamps (25 per pack)	Returns (20 per pack)	Returns (25 per pack)	Month	Stamps (20 per pack)	Stamps (25 per pack)	Returns (20 per pack)	Returns (25 per pack)
JAN					JUL				
FEB					AUG				
MAR					SEP				
APR					OCT				
MAY					NOV				
JUNE					DEC				

Illinois Stamp Inventory on hand January 1, 2019: 20 _____ 25 _____

Illinois Stamp Inventory on hand January 1, 2019: 20 _____ 25 _____

Include in this inventory your unused stamps purchased under this license, plus any unsold, stamped product you stamped.

If no stamps were purchased in 2019 and no sales were made in 2019, please explain why you have a cigarette distributor license.



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Page 2 of 4

Part 4: Illinois Brand Family Sales

(Attach additional pages as necessary)

The undersigned distributor certifies, under penalty of perjury, as of the date of this certification, that the following list is a complete list of all of the cigarette brand families (including RYO/MYO tobacco) which were sold during 2019 for purposes of Section 15 of the Escrow Act.

- List only cigarettes which you stamped and RYO/MYO for which you paid the Illinois OTP tax.
- List Brand Families only, NOT brand styles (menthol, regular, full flavor, etc.).
- INCLUDE BOTH PARTICIPATING AND NON-PARTICIPATING BRANDS.**

Brand Family Mark with an asterisk (*) if you sell this brand over the internet or by mail order	Manufacturer	Check One Only <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO	Check One: Participating or Non-Participating <input type="checkbox"/> PM <input type="checkbox"/> NPM	Sales Volume (Do not convert RYO to sticks.)	
				Cigarette Sticks	RYO Ounces
		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO	<input type="checkbox"/> PM <input type="checkbox"/> NPM		
		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO	<input type="checkbox"/> PM <input type="checkbox"/> NPM		
		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO	<input type="checkbox"/> PM <input type="checkbox"/> NPM		
		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO	<input type="checkbox"/> PM <input type="checkbox"/> NPM		

Part 5: Vending Machine Sales

You must check Yes or No

Does your business sell cigarettes to retailers that sell cigarettes via vending machines? Yes No

If Yes, on a separate sheet, provide the name, address and phone number for each customer.

Part 6: Cigarette Machine Sales

You must check Yes or No

Does your business have a Cigarette Machine that your employees and/or customers use to make stick cigarettes onsite from RYO/MYO, pipe or other tobacco? Yes No

Do you have a Cigarette Machine operator license? Yes No

Part 7: Internet/Mail Order Sales

You must check Yes or No

Are Illinois cigarette stamps affixed to cigarettes sold via internet or mail order?

Internet Sales

Yes

No

Mail Order Sales

Yes

No

Are Internet/Mail Order sales made with permission of the manufacturer?

Internet Sales

Yes

No

Mail Order Sales

Yes

No

If yes, list the manufacturers:

Not Applicable

Not Applicable

For **Internet Sales**, please provide the website address(es) that are used for the sales:

For **Mail Order Sales**, please identify the publications or other venues where the products are advertised:



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Page 3 of 4

Part 8: Multi-State Stampers

You must check Yes or No

Are you licensed in states other than Illinois to stamp cigarettes?

Yes

No

If yes, please list ALL states in which you were licensed in 2019 to stamp cigarettes:

Are you licensed in states other than Illinois to pay the OTP tax?

Yes

No

If yes, please list ALL states in which you were licensed in 2019 to pay the OTP tax:

Part 9: Industry Shipment Reporting

You must check Yes or No

Do you report sales to Management Science Associates, Inc. (MSAI)?

Yes

No

If yes, please list all years for which sales were reported to MSAI. _____

Do you report sales to any other entity?

Yes

No

If yes, list all manufacturers (including any contracts, agreements or other arrangement to report sales include direct buyer/customer agreements) or other entities to whom you provide information regarding sales in Illinois:

Part 10: Distributor Certification

Under penalties of perjury, I state that, to the best of my knowledge, all of the information contained in this Affidavit and any attached documents are true and accurate. ***This document must be signed and dated by an authorized notary public.***

Distributor's Designee (Print Name)

Title

Signature of Distributor's Designee

Date

Subscribed and sworn to
before me this date: _____

Signature of Notary Public

County

Commission Expires

Submit the completed Affidavit via Mail or E-Mail by January 20, 2020 to:

Illinois Attorney General
Tobacco Enforcement Bureau
500 South Second Street
Springfield IL 62706
ttobacco@atg.state.il.us

For Additional Forms and Information
Phone (217) 785-8541
Fax (217) 524-4701
www.IllinoisAttorneyGeneral.gov (Click on Tobacco)



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Page 4 of 4

Instructions:

- All cigarette licensees must complete this Affidavit, regardless of whether they sold tobacco products during 2019.
- Do not include product which was stamped by another licensee.
- Where one company holds a number of licenses, each license holder must complete a separate Affidavit. The license holder that stamps or pays the Illinois OTP tax must complete Parts 3-5.
- Respond to each item. If a question does not apply, please explain.
- For Part 4, include sales information for participating manufacturers and non-participating manufacturers.
- Distributors are responsible for their own calculations. If computer reports are provided in response to Parts 4 and 5, they must include the total for 2019 by brand family.
- Attach additional pages as needed and where explanations are required.
- Cigarette Making Machine as used in Part 6 refers to the machines that are made available for use in a commercial setting, including retail locations and locations where the machines are made available to members of a "social club" or "non-profit." It does NOT include cigarette rolling machines intended and designed for use by individual consumers who do not intend to offer the resulting product for resale. Hot Rod Filling Station is an example of Cigarette Making Machine.