

MONTANA DEPARTMENT OF JUSTICE
Montana Licensed Wholesaler Reporting Form

Return this completed form 20 days after the close of the reporting month to:

Tiffany Hoffman
Attorney General's Office
P.O. Box 201440
Helena, MT 59620-1440
Fax to: (406) 444-4303

Please provide the following information with respect to all cigarettes, "roll-your-own" tobacco, and little cigars as defined in Mont. Code Ann. § 16-11-402(4) stamped for sale or sold within Montana. A list of tobacco products that may be sold in Montana is located at

<https://doj.mt.gov/consumer/tobacco-sales-and-directory/>.

For the Month of _____, 20_____

Business Name and Address: _____

Contact Person: _____ Telephone: _____ Fax: _____ Email: _____

NO **Participating Manufacturer (PM)** products were stamped or sold by wholesaler during this reporting month.

NO **Non-Participating Manufacturer (NPM)** products were stamped or sold by wholesaler during this reporting month.

PART 1: Retailers Responsible for Payment of Taxes on Roll-Your-Own (RYO) You Sold to Them.

RYO Brand Name	RYO Manufacturer Name	Ounces of RYO	Name of Retailer	Address of Retailer	Invoice No.

Please attach copies of all invoices showing sales of RYO to retailers on which the retailer was responsible for paying the tax.

I hereby swear that the above-stated information is true and correct. _____
Signature Date

PART 3: Non-Participating Manufacturers

NPM Brand Name	Non-Participating Manufacturer Name	No. of Cigarettes Stamped or Sold	Ounces of RYO Sold	No. of Little Cigars Stamped or Sold	Invoice No.

Please attach copies of all purchase orders and retail sales invoices for all NPM products sold.

I hereby swear that the above-stated information is true and correct. _____
Signature Date