Nevada Department of Taxation
Report of Sales of Unstamped Cigarettes

Complete a separate form for each state in which cigarettes were sold

Cigarettes transferred into (list state, if this is an in-state transfer please list Nevada here)	Month Year 20_____
Name	FEIN
DBA	Social Security number
Street address	Cigarette license number in other State or NV Taxpayer ID if shipper is a NV Cigarette Wholesaler:
City State ZIP code	Nevada's wholesale account number of entity taking receipt

Columns

1. Date of shipment or transfer out of state or to in-state wholesaler
2. Invoice number of product shipped to another wholesaler.
3. Complete name, address and city of company or person to whom cigarettes were sold.
4. Enter Cigarette Brand Name sold.
5. Number of packages of 20s.
6. Number of packages of 25's.
7. The total number of sticks per invoice (convert the total of #5 and #6 to stick quantities)
8. Indicate whether shipped cigarettes were tax paid (only in states where untaxed shipments are allowable).

(1) Date	(2) Invoice Number	(3) Name and Address of Buyer	(4) Brand	(5) # of Packs (20s)	(6) # of Packs (25's)	(7) # of Cigarettes (total sticks)	(8) Tax Paid (yes/no)

Mail original to The Nevada Department of Taxation 1550 College Parkway Room 115 Carson City, NV 89706. ** Retain additional copy for your files.

Subtotal: This page only _____

Grand total _____

CT-06 REV 04/01/11