Cigarette Importation Report

REV 01 FORM 909			
ES_	/_	_/	_
NS	DP	CA	

Step 1: Identify you	r business	Do not write above this line.
1 Account ID:		2 For what tax period are you filing this report?
License no.:		Month Year
		3 Is this an amended report? ☐ yes ☐ no
Business name:		 4 □ Check here if your address has changed.
Address:Number and street		
City	State	ZIP
	nd and brand styles of rettes only - Do not include p	of the imported cigarettes
Brand:		Brand styles:
		_
		_
		_
Step 3: Sign below		
		and all attachments and, to the best of my knowledge, it is true, correct, and not records of the business for which this report is filed.
Distributor's signature		Printed name of the person who signed this report

Note: Do not send any payment with this report.

Title of the person who signed above

Month



Telephone number