

Signature:

STATE OF ARKANSAS

LICENSED WHOELSALER QUARTERLY REPORT

2013

PLEASE COMPLETE AND RETURN TO:

Office of the Arkansas Attorney General ATTN: Tobacco Division 323 Center St., Ste. 200 Little Rock, AR 72201

BUSINESS INFORMATION:							
Business Name:			Contact Person:				
Address:			City:				
State:			Zip Code:				
Telephone:			Email:				
REPORTING PERIOD:							
First Quarter	Second Quarter		☐ Third Quarter	Fourth Quarter			
-			-	·			
REPORTING OBLIGATION:							
☐ Entity Had Sales During Reporting Period			☐ Entity Had No Sales During Reporting Period				
STAMPED OR TAXED CIGARETTE AND ROLL-YOUR-OWN SALES IN ARKANSAS:							
Number of Cigarettes Sold:	Ounces of RYO Sold:	Brand Family	y:	Person or Entity From Whom Purchased:			
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*Attach Additional Sheets As Needed							
submit information to the Atto State, the Attorney General red or entity from whom the produ	orney General relating to sales quires information regarding the	of cigarette a	nd roll-your-own products in	nsed cigarette and tobacco wholesalers must Arkansas. For each brand family sold in the ounces of roll-your-own sold, and the person			
SIGNATURE:		T:41					
Authorized Designee:			Title:				

Date:

If more space is needed to outline your entity's sales of cigarette or roll-your-own products in Arkansas, this sheet may be used for that purpose.

STAMPED OR TAXED CIGARETTE AND ROLL-YOUR-OWN SALES IN ARKANSAS:					
Number of Cigarettes Sold:	Ounces of RYO Sold:	Brand Family:	Person or Entity From Whom Purchased:		
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INSTRUCTIONS: LICENSED WHOLESALER QUARTERLY REPORT

Pursuant to Act 1073 of 2003, ARK. CODE ANN. §§ 26-57-1301, et seq., each calendar quarter, licensed cigarette and tobacco wholesalers must submit information to the Attorney General relating to sales of cigarette and roll-your-own products in Arkansas. For each brand family sold in the State, the Attorney General requires information regarding the number of cigarettes sold, the number of ounces of roll-your-own sold, and the person or entity from whom the products were purchased.

In addition to any other remedies permitted by law, ARK. CODE ANN. § 26-57-1306(c) permits the Attorney General to file an action against licensed cigarette and tobacco wholesalers to compel compliance with the terms of Act 1073 of 2003.

The Licensed Wholesaler Quarterly Report must be provided to the Office of the Arkansas Attorney General no later than 20 days after the end of each calendar quarter.

BUSINESS INFORMATION: Please provide the name of the business entity on whose behalf the form is being submitted, including name, address, and telephone number. Please also provide the name of the person completing the form, as well as that person's email address.

REPORTING PERIOD: Please check the box for the calendar quarter for which sales are being reported to the Office of the Arkansas Attorney General

REPORTING OBLIGATION: If the business entity on whose behalf the form is being submitted stamped or taxed any cigarette or RYO products for sale in Arkansas, check the box "Entity Had Sales During Reporting Period" and proceed to next section. If the business entity had no stamped or taxed sales in Arkansas during the reporting period, check the box "Entity Had No Sales During Reporting Period" and proceed to the "Signature" section.

STAMPED OR TAXED CIGARETTE AND ROLL-YOUR-OWN SALES IN ARKANSAS: Please provide the number of cigarettes or RYO sold in the calendar quarter. The number of cigarettes sold should include, in the case of cigarettes, the number of individual sticks sold. For each regular package sold, the reportable number is 20 sticks. With this in mind, the number provided should usually be divisible by 20. In the case of RYO product, please provide the total number of ounces sold. The term "brand family" includes the name of the product and any variations in name of that product. For example, the brand family "Tobacco Product" would also include "Tobacco Product 100, "Tobacco Product Light," and "Tobacco Product Menthol." Finally, please provide the name of the person or entity from whom the products were purchased for resale. This may be the manufacturer of the product or another distributor or wholesaler.

SIGNATURE: Please provide the name, title, and signature of the person completing the form on behalf of the business entity, as well as the date on which the form is being completed and submitted.