

**REPORT OF TOBACCO PRODUCT REMOVALS SUBJECT TO TAX FOR THE  
TOBACCO TRANSITION ASSESSMENT PROGRAM (TTAP)**

**NOTE:** The authority for collecting the following information is Pub. L. 108-357. The authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a). The authority for requesting the following information is Pub. L. 108-357 (The Fair and Equitable Tobacco Reform Act of 2004). The information will be used to determine TTAP quarterly assessment. **EFFECT OF FAILURE TO PROVIDE REQUIRED INFORMATION** - Any person that knowingly fails to provide required information or provides false information shall be subject to the penalties described in section 1003 of title 18, United States Code. A civil penalty in an amount not to exceed two percent of the value of the kind of tobacco products manufactured or imported by the person during the fiscal year in which the violation occurred, as determined by CCC may be assessed against the person. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided. **Return this completed form by mail to USDA, Economic and Policy Analysis Staff, 1400 Independence Ave., Room 3720, SW, STOP 0515, Washington, DC 20250 or by Fax to 202-720-8120.**

1. Company Name and Address (Including Zip Code)		2. Contact Person Name	
3. TTB Permit Number		4. Telephone Number (Including Area Code)	
5. Taxpayer Identification Number		6. Email	
7. Period of Activity:	A. Month:	B. Year:	

Domestic Taxable Removals		Imports	
Volume (Number or Pounds)	Taxes (Dollars)	Volume (Number or Pounds)	Taxes (Dollars)
TTB5210.5 Monthly Manufacturer Report	TTB 5000.24 Excise Tax Return	Customs CBP 7501 Importer Entry Summary	

**8. CIGARETTES**

A. Line 14 Columns C + D	B. Line 13 Column B	C. Box 31 - Monthly Total (Number of Cigarettes)	D. Box 38 - Monthly Total (Taxes on Cigarettes Only)

**9. CIGARS**

A. Line 14 Columns A + B	B. Line 12 Column B	C. Box 31 - Monthly Total (Number of Cigars)	D. Box 38 - Monthly Total (Taxes on Cigars Only)

**10. SNUFF**

A. Line 14 Column F	B. Line 15 Column B (Snuff Only)	C. Box 31 - Monthly Total (Pounds of Snuff)	D. Box 38 - Monthly Total (Taxes on Snuff Only)

**11. CHEWING TOBACCO**

A. Line 14 Column E	B. Line 15 Column B (Chewing Tobacco Only)	C. Box 31 - Monthly Total (Pounds of Chewing Tobacco)	D. Box 38 - Monthly Total (Taxes on Chewing Tobacco Only)

**12. PIPE TOBACCO**

A. Line 14 Column G	B. Line 16 Column B (Pipe Tobacco Only)	C. Box 31 - Monthly Total (Pounds of Pipe Tobacco)	D. Box 38 - Monthly Total (Taxes on Pipe Tobacco Only)

**13. ROLL-YOUR-OWN TOBACCO**

A. Line 14 Column H	B. Line 16 Column B (Roll-Your-Own Tobacco Only)	C. Box 31 - Monthly Total (Pounds of Roll-Your-Own Tobacco)	D. Box 38 - Monthly Total (Taxes on Roll-Your-Own Tobacco Only)

**14. CERTIFICATION**

*I hereby certify that the information on this form is true and correct and that the participant has operated in accordance with the terms and provisions of the TTAP.*

14A. Signature	14B. Title	14C. Date Prepared (MM-DD-YYYY)
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