AG-1 (NPM)
Stamping Agent’s Monthly Report of Virginia Stamped Cigarettes
And Roll-Your-Own Tobacco By Non-Participating Manufacturer’s Brand Family

Page _____ of _____

(Rev 2/09)

· List all cigarettes stamped with a Virginia tax stamp for the report month, and all RYO tobacco on which excise tax paid in report month.
· This form should be used for Non-Participating Manufacturers (NPM).

AG-1 should be mailed to:
Office of the Attorney General
Tobacco Section
202 North Ninth Street
Richmond, Virginia 23219

Reporting
Month/Year: ___________ Number: ___________
Your Business Name:

AG-1 must be received by the 20th day of the month following the calendar month for which the report is made.

<table>
<thead>
<tr>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
<th>(E)</th>
<th>(F)</th>
<th>(G)</th>
<th>(H)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brand Family/Name</td>
<td>Number of Packs Stamped</td>
<td>Pack Size</td>
<td>Number of Ounces of RYO on which tax paid</td>
<td>Dollars of RYO excise tax paid</td>
<td>Manufacturer (Name and Address)</td>
<td>From Whom Brand Was Purchased (Name and Address)</td>
<td>First Importer If Foreign Manufactured Product (Name and Address)</td>
</tr>
<tr>
<td></td>
<td>20</td>
<td>25</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>Total</td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Under penalty of perjury, I hereby declare that this report is true and correct.

Signature and Title ___________________________ Date ___________________________

Name Printed ___________________________