

For assistance, call
(804) 371-0730, or
 Mail: P.O. Box 715
 Richmond, VA 23218-0715

**VIRGINIA DEPARTMENT OF TAXATION
 MONTHLY REPORT OF CIGARETTE MANUFACTURER**

FORM TT-18

Month _____ Year _____

Page ___ of ___

Legal Name: _____

Trading As: _____

Address: (Street) _____

(City) _____

(State)

(ZIP)

(Country)

FED. ID# _____

Contact Person: _____ **Phone** _____ **E-mail** _____

Check One: **Participating Manufacturer** **Non-Participating Manufacturer**

This report must be filed by the 10th of each month for the preceding month. This information should be subtotaled by brand name and purchaser.

	Purchaser's Name And Address	Brand Name	Total Packs Sold Directly to Virginia Purchaser
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
	Total Cigarette Packs Sold Directly to Virginia Purchasers		

I hereby declare that this report and the attachment(s) are true and correct.

Name of person signing return (please print): _____

Signature: _____ Title: _____ Date: _____

If the manufacturer is a corporation, an officer of the corporation authorized to sign on behalf of the corporation must sign; if a partnership, one partner must sign; if a sole proprietorship, the proprietor must sign.

Complete this Form For Each Purchaser Who Sold the Products in Virginia And Attach To Form TT-18

FORM TT-18
Continuation Sheet

Legal Name: _____

Trading As: _____

Month _____ **Year** _____

Page ___ **of** ___

	Purchaser's Name And Address	Brand Name	Total Packs Sold Directly to Virginia Purchaser
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
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21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
Total Cigarette Packs Sold Directly to Virginia Purchasers			

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**VIRGINIA DEPARTMENT OF TAXATION
 CIGARETTE MANUFACTURER
 MONTHLY RECONCILIATION**

**Schedule
 TT-18-A**

Month _____ Year _____

Legal Name: _____

Trading As: _____

Address: (Street) _____

(City) _____

(State)

(ZIP)

(Country)

FED. ID# _____

Contact Person: _____ **Phone** _____ **E-mail** _____

Check One: **Participating Manufacturer** **Non-Participating Manufacturer**

	Number of Packs
1. Total direct Virginia cigarette sales	
2. Add indirect cigarette sales into Virginia	
3. Less indirect cigarette sales out of Virginia	
4. Adjustments (Attach schedule of explanation)	
5. Total Packs Sold in Virginia	

File Form TT-18 and Schedule TT-18-A with the **Department of Taxation, P.O. Box 715, Richmond, VA 23218-0715** by the 10th of each month. Questions about the form or these instructions can be directed to the NPM Coordinator at the aforementioned address, or by calling 804-371-0730.

INSTRUCTIONS FOR COMPLETING FORM TT-18

Schedule TT-18 is a report of sales directly into Virginia by manufacturers.

Please complete the report as follows:

HEADING: Provide reporting manufacturer's complete legal name, Federal ID number and mailing address. Also provide contact information for a person who can discuss this report during normal business hours.

CHECK the appropriate box to indicate if the report is being filed by a Participating Manufacturer (PM) or a Non-Participating Manufacturer (NPM).

BODY OF THE FORM: Provide purchaser's name and address, brand name of cigarettes and total direct sales in Virginia by brand. Provide a subtotal by brand for each purchaser. Utilize continuation sheet, if necessary.

SIGNATURE: Provide printed name, title and date of completion after signing the form.

INSTRUCTIONS FOR COMPLETING SCHEDULE TT-18-A

Schedule TT-18-A is a summary of monthly cigarette packs sales activity.

HEADING: Provide reporting manufacturer's complete legal name, Federal ID number and mailing address. Also provide contact information for a person who can discuss this report during normal business hours.

CHECK the appropriate box to indicate if the report is being filed by a Participating Manufacturer (PM) or a Non-Participating Manufacturer (NPM).

LINE 1, TOTAL DIRECT VIRGINIA CIGARETTE SALES: Enter the total net number of cigarette packs sold [total sales minus returns] in Virginia during the month.

LINE 2, ADD INDIRECT VIRGINIA CIGARETTE SALES: Enter the total number of packs sold to non-Virginia wholesalers or other intermediaries who then resold cigarette packs into Virginia.

LINE 3, LESS INDIRECT CIGARETTE SALES OUT OF VIRGINIA: Enter the total number of packs sold to Virginia wholesalers or other intermediaries who then resold cigarette packs outside of Virginia.

LINE 4, ADJUSTMENTS: Provide a brief description of any adjustments made to the sales figures on lines 1-3. Indicate if the adjustment is ADDING or SUBTRACTING from Line 1, Total Net Sales.

LINE 5, TOTAL PACKS SOLD IN VIRGINIA: Enter the result of totaling lines 1-4.