

**2007 TTB**

# **Tobacco Industry Seminar**

**Federal Compliance Training for  
the Tobacco Industry**

*July 17, 2007*



Alcohol and Tobacco Tax and Trade Bureau



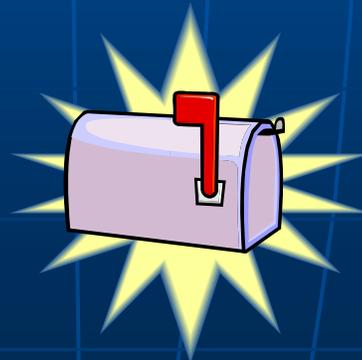
# **Tobacco Importers Operational Reports**

**Tobacco Tax Group  
National Revenue Center**

# TTB F 5220.6, Monthly Report – Tobacco Products Importer

Filed by:

- Importers of tobacco products



# Tobacco Importer Monthly Reports Filed per 27 CFR 41.206

- Initial report is filed by the 15<sup>th</sup> day of the next month and by the 20<sup>th</sup> day for each report thereafter.
- Balancing report.
- Lines 5 through 7 show product coming into inventory.
- Lines 9 through 15 record product going out of inventory.

# Tobacco Importer Monthly Reports (Cont'd)

- Total lines 8 and 16 should be the same.
- Product in Customs custody **should not** be included on report.
- A report marked "NO ACTIVITY" must be made for those months where no activity occurs.
- Revisions to form have been submitted to the Office of Management and Budget (OMB)–currently in the works.

**DEPARTMENT OF THE TREASURY  
ALCOHOL AND TOBACCO TAX AND TRADE BUREAU (TTB)  
MONTHLY REPORT - TOBACCO PRODUCTS IMPORTER**

**INSTRUCTIONS:** Please type or print. Prepare in duplicate, retain the copy and submit the original to the National Revenue Center, Alcohol and Tobacco Tax and Trade Bureau, 550 Main St, Ste 8032, Cincinnati, Ohio 45202-5215, not later than the 20<sup>th</sup> day of the month following the end of the month for which report is made. Combine data for all locations covered by a single permit. For this report, do NOT include tobacco products that are in Customs custody.

1. NAME OF IMPORTER		3. PRINCIPAL BUSINESS ADDRESS (Number, Street, City, State and ZIP Code)		
2. MONTH AND YEAR OF REPORT	4. PERMIT NUMBER			

ARTICLE	SMALL CIGARETTES (Number) (a)	LARGE CIGARETTES (Number) (b)	SMALL CIGARS (Number) (c)	LARGE CIGARS (Number) (d)	SNUFF LBS. OZ. (e)	CHEWING TOBACCO LBS. OZ. (f)	PIPE TOBACCO LBS. OZ. (g)	ROLL-YOUR-OWN TOBACCO LBS. OZ. (h)
5. ON HAND, BEGINNING OF MONTH								
6. IMPORTED								
7. OVERAGE DISCLOSED BY INVENTORY								
8. TOTAL								
9. REMOVED FOR EXPORT PURPOSES								
10. TRANSFERRED TO DOMESTIC CUSTOMERS								
11. REMOVED TO A FOREIGN TRADE ZONE								
12. LOST								
13. DESTROYED								
14. SHORTAGES DISCLOSED BY INVENTORY								
15. ON HAND, END OF MONTH								
16. TOTAL								

**Under the penalties of perjury, I declare that I have examined this report and, to the best of my knowledge and belief, it is true, correct, and complete.**

17. SIGNATURE	18. DATE	19. E-MAIL ADDRESS (optional information)	20. TELEPHONE NUMBER (optional information)	<b>FOR TTB USE ONLY</b>
21. TITLE OR STATUS (State whether individual owner, partner, member of a limited liability company or if officer of corporation, give title)				AUDITED BY
				DATE OF AUDIT

DEPARTMENT OF THE TREASURY  
ALCOHOL AND TOBACCO TAX AND TRADE BUREAU (TTB)  
MONTHLY REPORT - TOBACCO PRODUCTS IMPORTER

1. NAME OF IMPORTER

3. PRINCIPAL BUSINESS ADDRESS (Number, Street, City, State and ZIP Code)

2. MONTH AND YEAR OF REPORT

4. PERMIT NUMBER

ARTICLE	SMALL	CIGARETTES	CIGARETTES	CIGARS	CIGARS	LBS.	OZ.	TOBACCO	TOBACCO	TOBACCO
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
5. ON HAND, BEGINNING OF MONTH										
6. IMPORTED										
7. OVERAGE DISCLOSED BY INVENTORY										
8. TOTAL										
9. REMOVED FOR EXPORT PURPOSES										
10. TRANSFERRED TO DOMESTIC CUSTOMERS										
11. REMOVED TO A FOREIGN TRADE ZONE										
12. LOST										
13. DESTROYED										
14. SHORTAGES DISCLOSED BY INVENTORY										
15. ON HAND, END OF MONTH										
16. TOTAL										

Under the penalties of perjury, I declare that I have examined this report and, to the best of my knowledge and belief, it is true, correct, and complete.

17. SIGNATURE	18. DATE	19. E-MAIL ADDRESS (optional information)	20. TELEPHONE NUMBER (optional information)	FOR TTB USE ONLY
				AUDITED BY
21. TITLE OR STATUS (State whether individual owner, partner, member of a limited liability company, or if officer of corporation, give title)				DATE OF AUDIT

DEPARTMENT OF THE TREASURY  
ALCOHOL AND TOBACCO TAX AND TRADE BUREAU (TTB)  
**MONTHLY REPORT - TOBACCO PRODUCTS IMPORTER**

INSTRUCTIONS: Please type or print. Prepare in duplicate, retain the copy and submit the original to the National Revenue Center, Alcohol and Tobacco Tax and Trade Bureau, 550 Main St, Ste 3002, Cincinnati, Ohio 45202-5215, not later than the 20<sup>th</sup> day of the month following the end of the month for which report is made. Combine data for all locations covered by a single permit. For this report, do NOT include tobacco products that are in Customs custody.

1. NAME OF IMPORTER		3. PRINCIPAL BUSINESS ADDRESS (Number, Street, City, State and ZIP Code)	
2. MONTH AND YEAR OF REPORT	4. PERMIT NUMBER		

ARTICLE	SMALL CIGARETTES	LARGE CIGARETTES	SMALL CIGARS	LARGE CIGARS	SNUFF		CHEWING TOBACCO	PIPE TOBACCO	ROLL-YOUR-OWN TOBACCO			
	(Number) (a)	(Number) (b)	(Number) (c)	(Number) (d)	LBS.	OZ. (e)	LBS.	OZ. (f)	LBS.	OZ. (g)	LBS.	OZ. (h)
5. ON HAND, BEGINNING OF MONTH												
6. IMPORTED												
7. OVERAGE DISCLOSED BY INVENTORY												
8. TOTAL												

12. LOST												
13. DESTROYED												
14. SHORTAGES DISCLOSED BY INVENTORY												
15. ON HAND, END OF MONTH												
16. TOTAL												

Under the penalties of perjury, I declare that I have examined this report and, to the best of my knowledge and belief, it is true, correct, and complete.

17. SIGNATURE	18. DATE	19. E-MAIL ADDRESS (optional information)	20. TELEPHONE NUMBER (optional information)	FOR TTB USE ONLY	
				AUDITED BY	
21. TITLE OR STATUS (State whether individual owner, partner, member of a limited liability company or if officer of corporation, give title)				DATE OF AUDIT	

DEPARTMENT OF THE TREASURY  
ALCOHOL AND TOBACCO TAX AND TRADE BUREAU (TTB)  
**MONTHLY REPORT - TOBACCO PRODUCTS IMPORTER**

INSTRUCTIONS: Please type or print. Prepare in duplicate, retain the copy and submit the original to the National Revenue Center, Alcohol and Tobacco Tax and Trade Bureau, 550 Main St, Ste 8002, Cincinnati, Ohio 45202-5215, not later than the 20<sup>th</sup> day of the month following the end of the month for which report is made. Combine data for all locations covered by a single permit. For this report, do NOT include tobacco products that are in Customs custody.

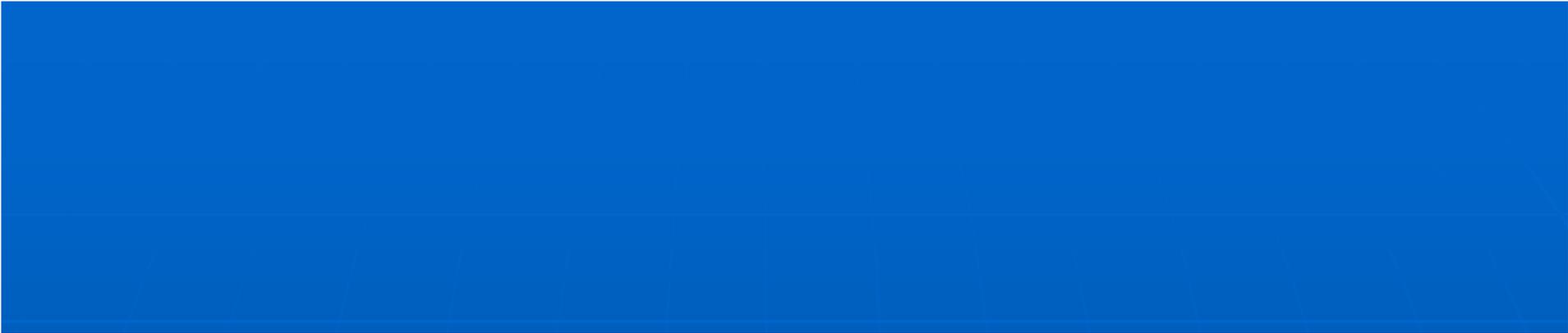
1. NAME OF IMPORTER		3. PRINCIPAL BUSINESS ADDRESS (Number, Street, City, State and ZIP Code)	
2. MONTH AND YEAR OF REPORT	4. PERMIT NUMBER		

ARTICLE	SMALL CIGARETTES	LARGE CIGARETTES	SMALL CIGARS	LARGE CIGARS	SNUFF	CHEWING TOBACCO	PIPE TOBACCO	ROLL-YOUR-OWN TOBACCO
	(Number)	(Number)	(Number)	(Number)	LBS. OZ.	LBS. OZ.	LBS. OZ.	LBS. OZ.
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
5. ON HAND, BEGINNING OF MONTH								

9. REMOVED FOR EXPORT PURPOSES								
10. TRANSFERRED TO DOMESTIC CUSTOMERS								
11. REMOVED TO A FOREIGN TRADE ZONE								
12. LOST								
13. DESTROYED								
14. SHORTAGES DISCLOSED BY INVENTORY								
15. ON HAND, END OF MONTH								
16. TOTAL								

21. TITLE OR STATUS (State whether individual owner, partner, member of a limited liability company or if officer of corporation, give title)

DATE OF AUDIT



#### PAPERWORK REDUCTION ACT NOTICE

This request is in accordance with the Paperwork Reduction Act of 1995. The purpose of this information collection is to establish product accountability and to compile data for statistical purposes. The information is mandatory (28 U.S.C. 5722).

The estimated average burden associated with this collection of information is 48 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be and addressed to: Reports Management Officer, Regulations and Rulings Division, Alcohol and Tobacco Tax and Trade Bureau, Washington, DC 20220.

An agency may not conduct or sponsor, and an individual is not required to respond to, a collection of information unless it displays a currently valid OMB control number.



# If you need help, call us at the National Revenue Center



- Contact an NRC Specialist in the Tobacco Tax Group
- 8002 FOB
- 550 Main Street
- Cincinnati, OH 45202
- 1-877-882-3277 or 513-684-3335