R-5602 (10/05)

LDR
Contributing to a better quality of life

Schedule of Cigarettes and roll your own Nonparticipating Manufacturers

Louisiana Department of Revenue

NPM

8505

This schedule is due with the monthly tax return during which the cigarettes or "roll-your-own" were reported.

Account Number	
Name	
Address	

Filing Period	
Contact Person	
Telephone Number	
FEIN or Social Security Number	

Instructions: The information on this schedule is required to comply with Louisiana laws relating to the Master Settlement Agreement ("MSA"), entered into between certain tobacco manufacturers ("Participating Manufacturers"), and the state of Louisiana. Under Louisiana law (LSA-R.S. 13:5061 et seq. and LSA-R.S. 13:5071 et seq.), information about cigarettes and loose-leaf tobacco suitable for making cigarettes ("roll-your-own") reported on the Tobacco Tax Return (Form R-5604) must be itemized on this schedule. Separate schedules must be completed for Participating Manufacturers and Non-Participating Manufacturers. A current list of cigarette and roll-your-own tobacco manufacturers, approved for sale in Louisiana, is maintained on the Louisiana Attorney General's website - *www.ag.state.la.us <http://www.ag.state.la.us/>*. The itemized breakdown reported on this schedule must match the totals reported on line 21 of R-5604 (for cigarettes) and Schedule 3, line 2 and 3 (for roll-your-own tobacco). You must file this schedule even if you report zero amounts on those lines. Complete this schedule and attach the original to your monthly Tobacco Tax Return (Form R-5604); and, forward a copy of this schedule to the Department of Justice, Tobacco Section, P.O. Box 94005, Baton Rouge, LA 70804-9005.

A	B		C	D	E		F		G	
Product Brand Name	Tax Value of Stamps Placed on Cigarettes		Number of Sticks of Cigarettes	Ounces of Roll Your Own Tobacco	Dollar Amount of Roll Your Own		Vendor Purchased From		Manufacturer or First Importer	
							Name	City, State	Name	City, State
		.00				.00				
		.00				.00				
		.00				.00				
		.00				.00				
		.00				.00				
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		.00				.00				
		.00				.00				
		.00				.00				
		.00				.00				
		.00				.00				

I SWEAR, UNDER THE PENALTY OF PERJURY, THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature		Print Name	
Title		Date	