

**Commonwealth of the Northern Mariana Islands Licensed Cigarette Distributor's  
Monthly Report – Summary of Excise Tax Activity**



**Reporting Month/Year:** \_\_\_\_\_

Return the completed form 30 days after the close of the reporting month. Please complete this schedule in full and mail to:  
Director, Division of Revenue and Taxation  
Department of Finance  
P.O. Box 5234 CHR  
Saipan, MP 96950  
or fax to: (670) 664.1015

Please provide the following information with respect to excise tax activity for cigarettes and roll-your-own tobacco made by all manufacturers this month.

Your Business Name and Address: \_\_\_\_\_

Your Taxpayer ID No.: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Tobacco License No.: \_\_\_\_\_ Taxpayer ID (EIN or SSN): \_\_\_\_\_

1. Excise Tax paid on cigarettes (including "roll-your-own") \_\_\_\_\_ \$ \_\_\_\_\_
2. Amount of refund claimed, if any \_\_\_\_\_ \$ \_\_\_\_\_
3. Total Excise Tax Due for this month \_\_\_\_\_ \$ \_\_\_\_\_
4. Total number of cigarette sticks covered by excise tax \_\_\_\_\_ \$ \_\_\_\_\_
5. Total ounces of "roll-your-own" tobacco covered by excise tax \_\_\_\_\_ \$ \_\_\_\_\_

I, \_\_\_\_\_, do hereby certify under penalty of perjury, that the above-stated information is true and correct.  
(print name & title)

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_