

**WHOLESALE'S MONTHLY REPORT OF "NONPARTICIPATING" AND
"PARTICIPATING" MANUFACTURERS' CIGARETTES
INSTRUCTIONS**

O.C.G.A. 10-13A-7 directs the Attorney General to collect information from Wholesalers/Distributors on the number of individual cigarettes the Distributor affixed tax stamps or otherwise paid the tax due for RYO. If you stamp any cigarettes with a Georgia tax stamp, then you must list them on this Form AG-01 and file it with the Attorney General within ten days after the end of the month for which the report is filed. If you do not stamp any cigarettes during the month, this report must be filed with "NONE" reported. A complete list of authorized "Nonparticipating Manufacturers" (tobacco product manufacturers who did not sign the Master Settlement Agreement entered into on November 23, 1998) and authorized "MSA Participating Manufacturers" and their brands can be found at www.law.ga.gov (click on "Tobacco Manufacturer and Brand Compliance").

DIRECTIONS: PART A: NONPARTICIPATING MANUFACTURERS: List each "Nonparticipating Manufacturer" and brand family once and state the total number of individual cigarettes stamped with an orange Georgia excise tax stamp during the month and number of ounces of Roll-Your-Own tobacco you paid taxes on under the alternate method of taxation. If you receive these cigarettes from another wholesaler who has already affixed the Georgia excise tax stamp, do not list them on this report. If you do not receive or ship any cigarettes during the month from "Nonparticipating Manufacturers", write "NONE" in this section.

PART B: PARTICIPATING MANUFACTURERS: List each "MSA Participating Manufacturer" and brand family once and state the total number of individual cigarettes stamped with a blue Georgia excise tax stamp during the month and number of ounces of Roll-Your-Own tobacco you paid taxes on under the alternate method of taxation. If you receive these cigarettes from another wholesaler who has already affixed the Georgia excise tax stamp, do not list them on this report. If you do not receive any cigarettes during the month from "MSA Participating Manufacturers", write "NONE" in this section.

Please mail this report to: **Georgia Department of Law, Consumer Interest Section, 40 Capitol Square, SW, Atlanta, Georgia 30334 AND a copy of this report to: Georgia Department of Revenue, Processing Center, P.O. Box 740395, Atlanta, Georgia 30374-0395.**

A copy of all invoices covering the receipt of the cigarettes by you and the sale of the cigarettes in Georgia must be attached to this report either in hard copy or electronic form.

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WHOLESALE DISTRIBUTOR	PERSON COMPLETING REPORT	STATE LICENSE NO.	FOR CALENDAR MONTH/YEAR
E-MAIL ADDRESS	STREET ADDRESS	CITY, STATE, ZIP	PHONE ()

PART A: NONPARTICIPATING MANUFACTURERS

Nonparticipating Manufacturer's Name	Brand Name	Full Address	Country	Number of Individual Cigarettes	Ounces of Roll- Your- Own Tobacco

PART B: PARTICIPATING MANUFACTURERS

Participating Manufacturer's Name	Brand Name	Full Address	Country	Number of Individual Cigarettes	Ounces of Roll- Your- Own Tobacco

**ALL APPLICABLE INVOICES MUST BE ATTACHED TO YOUR REPORT OR
IT WILL BE RETURNED.**

DISTRIBUTOR: _____
FOR CALENDAR MONTH/YEAR: _____

This certification must be signed by an officer authorized to bind your company.

By executing this document, I confirm that my position with the company and my actual authority to certify on behalf of the applicant meets the foregoing requirements.

Under penalty of perjury, I state that the information contained in this Certification and attachments is true and accurate.

Name: _____ Title: _____

Signature: _____ Date: _____