



BRAND FAMILIES UNIT SALES SCHEDULE

Date: _____ Sales Year: _____

Original (Must be submitted with Certification for Listing on Puerto Rico Directory, Form AS 2746); Supplemental (Do not include Form AS 2746)

Company is a (Check one): Manufacturer Importer

Company Name	Employer Identification Number	E-Mail Address
Street Address Zip Code	Phone Number ()	Fax Number ()

*If your Company is required to make deposits into escrow more frequently than annually, indicate the specified reporting period for which deposit was made.

Reporting Period: From (month/date/year): _____ to _____

INSTRUCTIONS:

(Participating Manufacturers ("PM") complete Columns A and B; Nonparticipating Manufacturers ("NPM") complete Columns A through D)

- **Column A:** List all Brand Families to be sold in Puerto Rico during this reporting period.
- **Column B:** Write "C" after any brand style of Cigarettes, "RYO" after any brand of Roll-Your-Own tobacco.
- **Column C:** List all units sold in Puerto Rico during the reporting period, i.e., annual, quarterly or other specified period. (1 Unit = an individual Cigarette or .09 oz. of RYO)
- **Column D:** If the reporting company is not the manufacturer, provide the name and street address of the manufacturer(s).

A	B	C	D
BRAND FAMILY NAME(S)	PRODUCT TYPE	UNITS SOLD	MANUFACTURER (i.e. FABRICATOR) NAME AND ADDRESS

Complete information and declaration on page 2.

Conservation Period: Six (6) years.

Company Name:	Employer Identification Number:
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This page requires **NPMS** to report the total sales made in Puerto Rico during the **preceding** calendar year.

INSTRUCTIONS:

- **Column A:** List all Brand Families sold in the **preceding calendar year**. Indicate by asterisk (*) any Brand Family that is no longer being sold in Puerto Rico.
- **Column B:** Write "C" after any brand style of Cigarettes, "RYO" after any brand of Roll-Your-Own tobacco.
- **Column C:** List the total units sold in Puerto Rico during the preceding calendar year. (1 Unit = an individual Cigarette or .09 oz. of RYO)
- **Column D:** If the reporting company was not the manufacturer, provide name and street address of the manufacturer of the Brand Family.

Attach additional sheets, as necessary, to provide a complete answer.

A	B	C	D
BRAND FAMILY NAME(S)	PRODUCT TYPE	TOTAL UNITS	MANUFACTURER (i.e. FABRICATOR) NAME AND ADDRESS

Under penalty of perjury, under the laws of Puerto Rico, I declare that I am authorized to certify, on behalf of the reporting company named above, that all of the information contained in this form is complete and accurate.

Signature of Company Officer	Date	
Print Company Officer Name:	Telephone Number ()	Fax Number ()
Print Company Officer Title:	E-Mail Address	

This Schedule must be filed with the Department of the Treasury: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE AREA
ATT. TOBACCO LITIGATION AND ENFORCEMENT
PO BOX 9024140
SAN JUAN, PR 00902-4140