



Schedule of Cigarettes and roll your own Nonparticipating Manufacturers
Louisiana Department of Revenue

NPM

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

8505

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| Account Number | |
| Company Name | |
| Address | |

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|--------------------------------|--|
| 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 Product Brand Name | B Tax Value of Stamps Placed on Cigarettes | | C Number of Sticks of Cigarettes | D Ounces of Roll Your Own Tobacco | E Dollar Amount of Roll Your Own | | F Vendor Purchased From | | G Manufacturer or First Importer | | H Product Country of Origin |
|--|---|-----|-------------------------------------|--------------------------------------|-------------------------------------|-----|----------------------------|-------------|-------------------------------------|-------------|--------------------------------|
| | | | | | | | Name | City, State | Name | City, State | |
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| | | .00 | | | | .00 | | | | | |
| Subtotal (If additional sheet needed) | | .00 | | | | .00 | | | | | |
| Total | | .00 | | | | .00 | | | | | |

I swear, under penalty of perjury, that the above information is true and correct. By signing below, I acknowledge that I am the individual who prepared this form and have the authorization to submit such on behalf of the aforementioned entity.

| | | | |
|-----------------------|--|------------------------|--|
| Signature of Preparer | | Print Name of Preparer | |
| Title of Preparer | | Date | |

