

Alaska Tobacco Product Manufacturer Certificate of Compliance

Authority: AS 43.50 and 45.53

Part I: Tobacco Product Manufacturer Identification

Name of Manufacturer			Phone
Mailing Address			Fax
City	State	ZIP Code	Email Address
Name of Person Completing Report	Title		Contact Phone

☐ Check if this is an initial Certificate of Compliance (see instructions)

The Tobacco Product Manufacturer identified above is, as of the date of certification:
(Initial one)

_____ A Participating Manufacturer under the Tobacco Master Settlement Agreement
(Participating Manufacturers must complete Part II, Part III columns A and B, Part V and Part VI)

_____ A Non-Participating Tobacco Product Manufacturer in full compliance with AS 45.53
(Non-Participating Manufacturers must complete Parts II, III, IV, V and VI, and attach a copy of the escrow agreement, including all amendments thereto, executed with the Financial Institution identified in Part IV)

Part II: Sales Year (See instructions)

The **year of sales** for this Certificate of Compliance: _____ (Please complete a separate certification for each year of sales)

Part III: Brand Family Identification (Attach additional sheets if necessary)

[illegible]

Alaska Tobacco Product Manufacturer Certificate of Compliance

Part IV: Non-Participating Manufacturer Certification

A. Qualified Escrow Fund

1. **Cigarettes Sold in Alaska.** Enter the number of cigarettes sold in Alaska during the sales year (from Part III, Column D)

Escrow Rates and Payments

Sales Year		A Escrow Rate	B Inflation Adjusted	C Adjusted Rate
2002	The rate per cigarette is.....	0.0136125	0.0017660	0.0153785
2003	The rate per cigarette is.....	0.0167539	0.0027414	0.0194953
2004	The rate per cigarette is.....	0.0167539	0.0033761	0.0201300
2005	The rate per cigarette is.....	0.0167539	0.0040637	0.0208176
2006	The rate per cigarette is.....	0.0167539	0.0046882	0.0214421
2007	The rate per cigarette is.....	0.0188482	0.0062587	0.0251069
2008	The rate per cigarette is.....	0.0188482	0.0070119	0.0258601
2009	The rate per cigarette is.....	0.0188482	0.0077877	0.0266359
2010	The rate per cigarette is.....	0.0188482	0.0085868	0.0274350
2011	The rate per cigarette is.....	0.0188482	0.0094099	0.0282581
2012	The rate per cigarette is.....	0.0188482	0.0102576	0.0291058
2013	The rate per cigarette is.....	0.0188482	0.0111308	0.0299790
2014	The rate per cigarette is.....	0.0188482	0.0120301	0.0308783

2. **Escrow payment required.** Multiply the number of cigarettes sold on line 1 by the appropriate rate in column C. (Refer generally to Exhibit C of the Tobacco Master Settlement Agreement for calculation of the cumulative adjustment for inflation applicable to each year's escrow payment.)\$

B. Financial Institution Certification

(To be completed by Authorized Agent of Financial Institution where the escrow account was established)

Representative Name		Phone	
Name of Institution		Fax	
Mailing Address	City	State	ZIP Code
Escrow Account Number	State Account Number	Email Address	

Amount deposited into the qualified escrow account for the sales year identified in Part II\$

Balance as of _____ Date _____ in qualified escrow account for the benefit of the State of Alaska\$

C. Escrow Deposit/Withdrawal History for Alaska

Date	Deposit	Withdrawal	Balance

Note: Initial certification should include a complete history of activity in the escrow account. Annual certifications thereafter should be for the applicable sales year.

**Alaska Tobacco Product Manufacturer
Certificate of Compliance****Part V: Prevent All Cigarette Trafficking Act (PACT Act) Registration** (Must be completed by both Participating Manufacturers and Non-Participating Manufacturers)

1. **Are you registered with the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF)?** ☐ Yes ☐ No

If yes, please attach a copy of your ATF registration.

If no, please submit your registration to ATF before proceeding.

2. **Are you registered to do business in Alaska?** ☐ Yes ☐ No

If yes, please provide your Alaska Corporation File No. _____ and Alaska Business License

No. _____.

If no, you are required to appoint a Resident Agent for service of process and complete item A below.

A. Registered Agent

Agent Name		Phone	
Company Name		Fax	
Mailing Address	City	State	ZIP Code
Email Address			

Part VI: Signatures (Non-Participating Manufacturers must obtain a signature from an Authorized Agent of the Financial Institution where the escrow account is maintained)

Under penalty of perjury, I state that, to the best of my knowledge, all of the information contained in this Certificate of Compliance is true and accurate. (This Certificate of Compliance must also be signed and dated by an authorized notary public)

Printed Name of Authorized Agent of Manufacturer	Title
Signature of Authorized Agent of Manufacturer	Date
Printed Name of Authorized Agent of Financial Institution	Title
Signature of Authorized Agent of Financial Institution	Date
Subscribed and sworn to before me on this date	
Signature of Notary Public	City or County of
My Commission expires	

You must retain all supporting documents substantiating this Certificate of Compliance for a period of five years.

Alaska Cigarette and Tobacco Products Tax License Application



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Note: We will issue your license in the individual or corporation name given below. All state tax returns must be filed under the same name and EIN or SSN. Except for vending machine operators, all persons operating more than one place of business must obtain a separate license for each place of business.

Enter a Federal EIN if the business is a corporation or partnership so that the Department of Revenue may administer the tax laws of Alaska AS 43.05.080. The information is used by the department for identification purposes.

<input type="checkbox"/> FEIN <input type="checkbox"/> SSN	License Number	Business Type <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	License Year	Is this a renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No
Taxpayer Name		Physical location where this license is applicable		
Business Name		Telephone Number	Fax Number	
Mailing Address		Contact Email	Contact Phone Number	
City	State	ZIP Code	Contact Person	

Select License Type Below

See instructions for definitions of license types. The license fee must accompany the application. Please be advised that by applying for a license authorizing the sale of cigarettes, you are agreeing to purchase and affix cigarette tax stamps, or designate a third party to do so on your behalf, as the means of paying the state excise tax.

Cigarettes and Tobacco Products

License Fee

<input type="checkbox"/> Buyer	\$25
<input type="checkbox"/> Direct-buying retailer	\$50
<input type="checkbox"/> Distributor	\$50
<input type="checkbox"/> Manufacturer	\$50
<input type="checkbox"/> Vending machine operator	\$50
<input type="checkbox"/> Wholesaler - distributor	\$50

Tobacco Products Only (Persons who exclusively import and/or acquire tobacco products other than cigarettes)

<input type="checkbox"/> Distributor	\$50
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Nature of your business

Does your business sell cigarettes? Yes ☐ No ☐ At Retail? Yes ☐ No ☐

Do you now or do you plan to affix the cigarette excise tax stamp? Yes ☐ No ☐

Do you buy cigarettes with the tax stamp already affixed? Yes ☐ No ☐

Do you mail cigarettes to customers? Yes ☐ No ☐

Does your business have an Alaska Business License with a Tobacco Endorsement? Yes ☐ No ☐

License # _____

Other Explanation: _____

I certify that an accurate record will be kept of cigarettes and other tobacco products manufactured, imported, acquired or sold from any source whatever and that the required returns will be filed on or before the last day of each calendar month and that the tax stamps will be affixed before sale or distribution.

Signature	Title	Date
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Pay online at www.online.tax.alaska.gov
or make check payable to State of Alaska

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Mail to: Alaska Department of Revenue, PO Box 110420, Juneau AK 99811-0420

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Alaska Cigarette and Tobacco Products Monthly Tax Return



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DUE DATE: The last day of the month following the month in which cigarettes and tobacco products were manufactured, imported, acquired or sold or in which tax stamps were purchased.

<input type="checkbox"/> FEIN <input type="checkbox"/> SSN		License Number	For the Month of	Year	AK Business License Number
Name			Telephone Number		Fax Number
Mailing Address <input type="checkbox"/> Check if new address			Contact Person		Contact Telephone
City	State	ZIP Code	Contact Email		

- ☐ Check here if you have been approved to purchase cigarette tax stamps under a deferred payment plan
 ☐ Check here if no activity for the month. Sign and date below
☐ Check here if you are filing a consolidated return. List all license numbers included on Schedule C
 ☐ Check if amended return and attach explanation

Schedule A - Payment Due for Cigarette Tax Stamps

1	Cigarette tax due on the purchase of cigarette tax stamps for the month. From Schedule F, line 7, column (b)	1	
2	Less stamp discount from Schedule I or J	2	
3	Less cigarette tax stamp credits from Schedule K, line 10	3	
4	Cigarette tax paid with stamp order. From Schedule F, line 7, column (c)	4	
5	Cigarette tax due (overpaid) with this return. Subtract lines 2, 3 and 4 from line 1 (see instructions)	5	

Schedule B - Tobacco Products Excise Tax Liability

(Total carried forward from Schedule H)

6	Wholesale price of tobacco products manufactured, imported, acquired or sold during the month	6	
7	Less military sales (see instructions)	7	
8	Less Indian sales - Metlakatla Indian Reservation or Klawock Smoke Shop (see instructions)	8	
9	Less other credits (see instructions)	9	
10	Total wholesale price of tobacco products manufactured, imported, acquired or sold. Subtract lines 7 through 9 from line 6	10	
11	Tax @75% of wholesale price. Multiply line 10 by .75	11	
12	Less .4% commission for expense of tobacco products tax collections. Multiply line 11 by .004	12	
13	Total tobacco products excise tax due. Subtract line 12 from line 11	13	
14	Total cigarette and tobacco products tax due (overpaid). Add line 5 and 13	14	
15	Amended returns only. Cigarette and tobacco products tax previously paid for this month	15	
16	Total amount due (overpaid). Subtract line 15 from line 14. If line 16 shows tax due, payment must be remitted by the due date of the return to avoid a late payment penalty.	16	

Electronic Payment Information

Note: If your liability is \$100,000 or more, you must pay online at www.online.tax.alaska.gov or by wire transfer.

I declare under penalty of perjury that this return, including all accompanying schedules and invoices, has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

Signature of Taxpayer	Date
Printed Name	Printed Title

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Schedule C

License Numbers Included In This Tax Return**522**

Use this schedule to report all license numbers included in the tax return. Check the inactive box if a license number had no activity during the month.

License Number	Check if Inactive
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
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	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

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Schedule D
Alaska Report of Out-of-State Sales of Cigarettes

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Complete a separate form for each state in which cigarettes were sold

<input type="checkbox"/> FEIN	License Number	Name of Licensee
<input type="checkbox"/> SSN		

Physical location in Alaska from where cigarettes were shipped

Address			
City	State	ZIP Code	Contact Telephone

Use this schedule to report stamped and unstamped cigarettes sold outside of Alaska. A cigarette licensee may maintain unstamped cigarettes in Alaska and/or claim a credit for Alaska stamped cigarettes if its business includes sales to customers outside of Alaska and the licensee is properly licensed in the state where the cigarettes are sold.

Cigarettes transferred or sold into (list state)	
Are you licensed in the state where cigarettes were sold or transferred? <input type="checkbox"/> Yes <input type="checkbox"/> No	License Number

Column descriptions

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. Date of shipment or transfer out of state. 2. Indicate how shipped: DT (Distributor Transport); CC (Common Carrier); CT (Customer Transport). 3. Invoice number of product shipped into another state. 4. Complete name, address and city of company or person to whom cigarettes were sold. | <ol style="list-style-type: none"> 5. Number of packages of 20 cigarettes per pack. 6. Number of packages of 25 cigarettes per pack. 7. The total number of sticks per invoice. 8. Indicate if you paid tax to the state where the cigarettes were shipped. 9. Indicate whether cigarettes were affixed with the Alaska tax stamp. If yes, complete Schedule K to claim a credit. |
|--|--|

(1) Date shipped	(2) Shipping method	(3) Invoice number	(4) Name and Address	(5) # of Packs 20s	(6) # of Packs 25s	(7) # of Cigarettes (total sticks)	(8) Tax paid (yes/no)	(9) Affixed with AK tax stamp? (yes/no)

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Schedule E
Alaska Cigarette Tax Stamp Inventory Report

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For tax stamps purchased at the current tax rate of \$.10 per Cigarette

<input type="checkbox"/> FEIN	License Number	Name of Licensee
<input type="checkbox"/> SSN		

Physical location where stamps are located

Address	Name of Contact Person		
City	State	ZIP Code	Contact Telephone

All licensees must complete this form for each location where cigarette tax stamps are located, both within and outside the state. Ending inventory should only include tax stamps *not* affixed to cigarette packages. Use this schedule to report tax stamps purchased at the current tax rate of \$.10 per cigarette for PM cigarettes and \$.1125 per cigarette for NPM cigarettes. See instructions for definitions of PM and NPM cigarettes.

Cigarette Tax Stamp Inventory			Stamp Denomination		
			(a) 20 PM cigarettes	(b) 25 PM cigarettes	(c) 20 NPM cigarettes
1	Number of cigarette tax stamps on hand at beginning of the month. From line 7 of the previous month's Schedule E	1			
2	Number of cigarette tax stamps purchased during the month. From Form 620, line 3	2			
3	Number of cigarette tax stamps transferred in during the month. From Form 622, Part III	3			
4	Number of cigarette tax stamps transferred out during the month. From Form 622, Part III	4			
5	Number of cigarette tax stamps affixed to cigarette packages during the month	5			
6	Number of unused cigarette tax stamps returned for a refund during the month. From receipts issued by the Tax Division	6			
7	Number of cigarette tax stamps on hand at end of the month. Line 1 plus lines 2 and 3 minus lines 4 through 6	7			
8	Value of each tax stamp unfixed to cigarette packages	8	\$2.00	\$2.50	\$2.25
9	Value of ending cigarette tax stamp inventory. Multiply line 7 by line 8	9			

Alaska Cigarette Tax Stamp Purchase and Payment Record

<input type="checkbox"/> FEIN	License Number	Name of Licensee	For the Month of	Year
<input type="checkbox"/> SSN				

Complete the following purchase and payment record for cigarette tax stamp orders you made during the month covered by this return. Enter the date of the order in column (a), the dollar amount of total stamps ordered from line 6 of Form 620 in column (b) and the amount of payment made at the time of purchase from line 7 of Form 620 in column (c). Do not include payments made under a deferred payment plan in column (c). Attach a separate sheet if more than 5 orders were made during the month.

		(a) Date of order	(b) Dollar amount ordered	(c) Amount paid with order
1	From Form 620, Cigarette Tax Stamp Order Form	1		
2	From Form 620, Cigarette Tax Stamp Order Form	2		
3	From Form 620, Cigarette Tax Stamp Order Form	3		
4	From Form 620, Cigarette Tax Stamp Order Form	4		
5	From Form 620, Cigarette Tax Stamp Order Form	5		
6	Carry forward from attached sheets	6		
7	Total cigarette tax stamp purchases and payments. Add lines 1 through 6 in columns (b) and (c). Enter amount in column (b) on Schedule A, line 1 and amount in column (c) on Schedule A, line 4		7	

Schedule G
Alaska Cigarette Transactions

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Do not report other tobacco products here. Use Schedule H to report other tobacco products.

<input type="checkbox"/> FEIN	License Number	Name of Licensee	For the Month of	Year
<input type="checkbox"/> SSN				

You must complete this schedule if you manufactured, imported, acquired or sold cigarettes in the state during the month covered by this return. Use a separate schedule for each type of transaction that applies to your business identified in boxes A through E below. Use additional pages as necessary. All invoices supporting transactions identified in boxes A through E must be attached to this schedule to constitute a complete filing.

- Check one:
- ☐ A. Cigarettes manufactured, imported, acquired or sold
 - ☐ B. Cigarettes sold to military
 - ☐ C. Cigarettes sold to Metlakatla Indian Reservation or Klawock Smoke Shop
 - ☐ D. Unstamped cigarettes returned to manufacturer. You must attach an affidavit from the manufacturer supporting the number of cigarettes returned. Do not report the return of *stamped* cigarettes on this schedule. Use Schedule K.
 - ☐ E. Unstamped cigarettes destroyed. You must attach U.S. Treasury Department Form ATF-F 5200.7 or certification from the manufacturer attesting to the destruction. Do not report the destruction of *stamped* cigarettes on this schedule. Use Schedule K.

Invoice date	Name of supplier or purchaser	Invoice number	Number of cigarettes
TOTALS CARRIED FORWARD FROM PREVIOUS PAGE(S)			
Total			

Schedule H
Alaska Tobacco Products Transactions

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Do not report cigarettes here. Use Schedule G to report cigarettes.

<input type="checkbox"/> FEIN	License Number	Name of Licensee	For the Month of	Year
<input type="checkbox"/> SSN				

You must complete this schedule if you manufactured, imported, acquired or sold tobacco products (other than cigarettes) in the state during the month covered by this return. Use a separate schedule for each type of transaction that applies to your business identified in boxes A through D below. Use additional pages as necessary. All invoices supporting transactions identified in boxes A through D must be attached to this schedule to constitute a complete filing.

- Check one: ☐ A. Tobacco products manufactured, imported, acquired or sold. Enter on Schedule B, line 6.
- ☐ B. Credit for military sales. Enter on Schedule B, line 7.
- ☐ C. Credit for Metlakatla Indian Reservation or Klawock Smoke Shop sales. Enter on Schedule B, line 8.
- ☐ D. Other credits - Unsaleable or destroyed tobacco products. You must attach an affidavit from the manufacturer or distributor supporting the amount of tobacco products returned and/or U.S. Treasury Dept. Form ATF-F 5200.7 supporting the amount of tobacco products destroyed. Enter on Schedule B, line 9.

Invoice date	Name of supplier or purchaser	Invoice number	Tobacco products only
TOTALS CARRIED FORWARD FROM PREVIOUS PAGE(S)			
Total			

Schedule I
Alaska Cigarette Tax Stamp Discount - Unaffiliated Licensee

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<input type="checkbox"/> FEIN	License Number	Name of Licensee	For the Month of	Year
<input type="checkbox"/> SSN				

If you are **not** affiliated with any other Alaska cigarette and tobacco products tax licensee or you are filing a consolidated return that includes all affiliated licensees, use this worksheet to calculate the discount allowed on stamp purchases made during the month covered by this return. If you are affiliated with any other Alaska cigarette and tobacco products tax licensee and you or any of your affiliates file separate returns, you must use Schedule J to calculate your discount. The discount is equal to the sum of the amounts calculated using the following percentages of denominated value of stamps purchased by a licensee under this section in a calendar year: (1) \$1,000,000 or less, three percent; (2) the amount that is more than \$1,000,000 but not more than \$2,000,000, two percent; (3) the amount that is more than \$2,000,000, zero percent.

1	Total stamp purchases for the month covered by this return. From Schedule F, line 7, column (b)	1	
2	Less credit for unused stamps and stamped cigarettes returned to manufacturer or destroyed. From line 10 of Schedule K	2	
3	Total current stamp purchases less credits. Subtract line 2 from line 1	3	
4	Total purchases from Schedule I, line 5 of your last stamp discount worksheet that represent accumulated stamp purchases for the year beginning January 1	4	
5	Total year-to-date stamp purchases. Add lines 3 and 4	5	
6	If line 4 is more than \$2,000,000, you are not entitled to a discount. Enter zero here and on line 2 of Schedule A. You are done computing your discount. If line 4 is less than \$2,000,000, leave line 6 blank and continue to line 7	6	
7	If the amount on line 5 is \$1,000,000 or less, multiply line 3 by 3% (.03). Enter here and on line 2 of Schedule A	7	

You are done computing your discount. Stop here.

-or-

8	If line 5 is more than \$1,000,000 and line 4 is \$1,000,000 or less, complete lines 8a through 9		
a	Discount base	8a	\$1,000,000
b	Amount from line 4	8b	
c	Subtract line 8b from line 8a	8c	
d	Multiply line 8c by 3% (.03)	8d	
e	Amount from line 3	8e	
f	Amount from line 8c	8f	
g	Subtract line 8f from line 8e	8g	
h	Enter the smaller of line 8g or \$1,000,000	8h	
i	Multiply line 8h by 2% (.02)	8i	
9	Add lines 8d and 8i enter here and on line 2 of Schedule A	9	

You are done computing your discount. Stop here.

-or-

10	If line 5 is more than \$1,000,000 and line 4 is more than \$1,000,000 and less than \$2,000,000 complete lines 10a through 11		
a	Discount base	10a	\$2,000,000
b	Amount from line 4	10b	
c	Subtract line 10b from line 10a	10c	
d	Enter the smaller of line 10c or line 3	10d	
e	Multiply line 10d by 2% (.02)	10e	
11	Enter the amount from line 10e here and on line 2 of Schedule A	11	

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Schedule J
Alaska Cigarette Tax Stamp Discount - Affiliated Licensee

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<input type="checkbox"/> FEIN	License Number	Name of Licensee	For the Month of	Year
<input type="checkbox"/> SSN				

If you are affiliated with any other Alaska cigarette and tobacco products tax licensee and you and any of your affiliates file separate returns, use this worksheet to calculate the discount allowed on stamp purchases made during the month covered by this return. If you are not affiliated with any other Alaska cigarette and tobacco products tax licensee or you are filing a consolidated return that includes all affiliated licensees, you must use Schedule I to calculate your discount. The discount is equal to the sum of the amounts calculated using the following percentages of denominated value of stamps purchased by a licensee under this section in a calendar year: (1) \$1,000,000 or less, three percent; (2) the amount that is more than \$1,000,000 but not more than \$2,000,000, two percent; (3) the amount that is more than \$2,000,000, zero percent.

1	Total stamp purchases for the month covered by this return. From Schedule F, line 7, column (b)	1	
2	Less credit for unused stamps and stamped cigarettes returned to manufacturer or destroyed. From line 10 of Schedule K	2	
3	Total current stamp purchases less credits. Subtract line 2 from line 1	3	
4	Total current stamp purchases less credits of affiliated licensees. From line 3 of Schedule J of all affiliated licensees for the month covered by this return	4	
5	Total current stamp purchases of affiliated group of licensees. Add lines 3 and 4	5	
6	Total purchases from Schedule J, line 7 of your last stamp discount worksheet that represent accumulated stamp purchases of the affiliated group of licensees for the year beginning January 1	6	
7	Total calendar year-to-date purchases of affiliated group of licensees. Add lines 5 and 6	7	
8	If line 6 is more than \$2,000,000, you are not entitled to a discount. Enter zero here and on line 2 of Schedule A. You are done computing your discount. If line 6 is less than \$2,000,000, leave line 8 blank and continue to line 9	8	
9	If the amount on line 7 is \$1,000,000 or less, multiply line 3 by 3% (.03). Enter here and on line 2 of Schedule A	9	

You are done computing your discount. Stop here.
-or-

10	If line 7 is more than \$1,000,000 and line 6 is less than \$1,000,000, complete lines 10a through 11		
	a	Discount base	10a \$1,000,000
	b	Amount from line 6	10b
	c	Subtract line 10b from line 10a	10c
	d	Divide line 3 by line 5	10d
	e	Multiply line 10d by line 10c	10e
	f	Multiply line 10e by 3% (.03)	10f
	g	Amount from line 3	10g
	h	Amount from line 10e	10h
	i	Subtract line 10h from line 10g	10i
	j	Enter the smaller of line 10i or \$1,000,000	10j
	k	Multiply line 10j by 2% (.02)	10k
11	Add lines 10f and 10k enter here and on line 2 of Schedule A		11

You are done computing your discount. Stop here.
-or-

12	If line 7 is more than \$1,000,000 and line 6 is \$1,000,000 or more and less than \$2,000,000		
	a	Discount base	12a \$2,000,000
	b	Amount From line 6	12b
	c	Subtract line 12b from line 12a	12c
	d	Divide line 3 by line 5	12d
	e	Multiply line 12d by line 12c	12e
	f	Enter the smaller of line 12e or line 3	12f
	g	Multiply line 12f by 2% (.02)	12g
13	Enter the amount from line 12g here and on line 2 of Schedule A		13

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Schedule K
Alaska Cigarette Tax Stamp Credits

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<input type="checkbox"/> FEIN <input type="checkbox"/> SSN	License Number	Name of Licensee	For the Month of	Year
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Use this form to claim a credit for unused cigarette tax stamps returned to the Tax Division and for cigarette tax stamps affixed to packages of cigarettes returned to the manufacturer, sold to customers outside of Alaska or destroyed. A credit will not be given unless the required documentation is attached to the schedule.

Part I - Credit for unused cigarette tax stamps returned to the Tax Division. Stamps must be received by the Tax Division before credit will be given (see instructions).				
Receipt Number	Receipt Date	Value of Stamps returned		
Total credit for stamps returned to the Tax Division		1		

Part II - Credit for stamped cigarettes returned to manufacturer, destroyed or restamped. Attach certification from the manufacturer for returned cigarettes or other pre-approved documentation attesting to the destruction (see instructions).						
Stamp serial #s (required)	Stamp denomination (A)	# of packages returned (B)	Stamp value (C)	Stamp color (description)	Value of stamps returned/destroyed (multiply B x C)	
	20		\$2.00	white	2	
	25		\$2.50	brown	3	
	20		\$2.25	yellow (NPM cigs)	4	
Credit for stamped cigarettes returned to manufacturer, destroyed or restamped. Add lines 2 through 4 and enter here					5	

Part III - Credit for stamped cigarettes exported outside of Alaska for sale Complete schedule D for each state where cigarettes were sold.						
Stamp serial #s (required)	Stamp denomination (A)	# of packages exported (B)	Stamp Value (C)	Stamp color (description)	Value of stamps exported (multiply B x C)	
	20		\$2.00	white	6	
	25		\$2.50	brown	7	
	20		\$2.25	yellow (NPM cigs)	8	
Credit for stamped cigarettes exported outside of Alaska for sale. Add lines 6 through 8 and enter here					9	

Part IV - Total credit for cigarette tax stamps returned, destroyed or exported outside Alaska. Add the amounts on lines 1, 5 and 9. Enter here and on line 3 of Schedule A and line 2 of Schedule I or J	10	
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Report of Cigarettes made by Nonparticipating Manufacturers Imported into Alaska per AS 45.55

<input type="checkbox"/> FEIN	Name of Licensee	License Number	For the Month of	Year
<input type="checkbox"/> SSN				

Instructions: The information on this report is required to comply with the Master Settlement Agreement ("Agreement") entered into between certain tobacco manufacturers ("Participating Manufacturers") and the State of Alaska. As part of the Agreement, information about cigarettes and loose-leaf tobacco suitable for making cigarettes, RYO (roll-your-own), made by manufacturers who did not sign the Agreement ("Nonparticipating Manufacturers"), and imported into Alaska, must be compiled by the State. A list of Participating Manufacturers can be found on our website at www.tax.alaska.gov. If you import cigarettes and/or roll-your-own tobacco from a manufacturer, either directly or through a distributor, which is not a participating manufacturer, you must complete this form.

Nonparticipating Manufacturer's Name	Cigarette or RYO Brand	Address	City	State	Zip Code	Country	Number of Cigarettes	Ounces of RYO Tobacco
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								

Report of Cigarettes Imported for Sale or Distribution

in Alaska Manufactured Outside the United States AS 43.50.410

<input type="checkbox"/> EIN <input type="checkbox"/> SSN	License Number	Name and Address of Licensee	Quarter Ending (Month/Year)
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You must complete the following information for cigarettes manufactured outside the United States imported by you for sale or distribution in Alaska.

Instructions: The information on this report is required to comply with AS 43.50.410. If you import cigarettes that were manufactured outside the United States for sale or distribution in Alaska, you must provide the following information by the due date. This form is due on or before the last day of the calendar quarter for cigarettes that were imported into Alaska in the preceding calendar quarter. A "calendar quarter" means each of the three-month periods ending March 31, June 30, September 30, and December 31. For example, cigarettes that were manufactured outside the United States and imported into Alaska during the period January 1 through March 31 must be reported to the Tax Division on or before June 30 of the same year.

[illegible]

Due Date: This report is due on or before the last day of the calendar quarter after the quarter in which foreign manufactured cigarettes were imported for sale or distribution in Alaska.

Mail to: Alaska Department of Revenue, 550 W 7th Ave STE 500, Anchorage AK 99501-3555

Alaska Cigarette Tax Stamp Application and Delivery Method

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<input type="checkbox"/> EIN		License Number	Period Ending (Year/Month)	AK Business License Number
<input type="checkbox"/> SSN				
Name			Phone Number	Fax Number
Mailing Address			Contact Person	Contact Telephone Number
City	State	Zip Code	Contact Email	

☐ **Alternate Method Of Delivery** (see instructions)

<input type="checkbox"/> Federal Express	<input type="checkbox"/> UPS	<input type="checkbox"/> USPS	Account # _____
<input type="checkbox"/> Other _____			
<input type="checkbox"/> Pick up and billing arrangements are to be coordinated by licensee			

If the Shipping Information is different than the taxpayer information, ship to:			
Name of Receiving Company	Contact Person	Contact Telephone Number	
Mailing Address	City	State	Zip Code

☐ **Pick-Up Stamps** (see instructions)

I will be purchasing cigarette tax stamps from the Alaska Department of Revenue.	Stamps can be picked up from: DEPARTMENT OF REVENUE 550 W 7TH AVE STE 500 (Fifth floor) ANCHORAGE AK 99501-3566
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Please list all individuals, authorized to receive Tax Stamps on your behalf. This list should include yourself if you will be picking up your tax stamps, any employee(s), and/or any courier service(s) you may hire. For on site pick-up of Cigarette Tax Stamps, all individuals listed will be required to present valid identification for verification purposes.

Name	Name
Name	Name
Name	Name
Name	Name

Signature of Taxpayer	Printed Name
Title	Date

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