



**SOUTH CAROLINA DISTRIBUTOR
QUARTERLY CERTIFICATE REPORT TO THE ATTORNEY GENERAL**
[Pursuant to South Carolina Code §§11-47-10 et seq., and
§§11-48-10 et seq. (as amended)]

Please Type or Print

PART I: DISTRIBUTOR IDENTIFICATION

A. Complete company information below:

Company Name	
Address	
City/State/Zip/Country	
Telephone Number	Fax Number
E-Mail Address	Website
Name/Title of Person Completing Form	
DOR Taxpayer ID Number	

PART II:

A. This Quarterly Certification is for the following period:

Quarter (Circle One): 1st 2nd 3rd 4th

NOTE: *This Quarterly Certification is due 20 days after the end of each calendar quarter.*

Note: The Attorney General's Office will not process incomplete or illegible certifications.

PART III: QUARTERLY REPORT
REPORT EACH MONTH SEPARATELY
(ATTACH ADDITIONAL SHEETS AS NECESSARY)

*List the following information for cigarettes sold in South Carolina during the Quarter covered by this certification. Please report each month separately.
 Report Cigarettes in Packs and Roll your own (RYO) in Ounces*

MONTH: _____

Non-Participating Manufacturer *	Cigarette Brand	Total sales on which taxes paid (Packs or Ounces of RYO)	Total purchases on which taxes were pre-paid	If pre-paid taxes, list distributor(s) from whom you purchased cigarettes	Total untaxed sales to other distributors	If sold untaxed, list distributor to whom cigarettes were sold

Note: The Attorney General's Office will not process incomplete or illegible certifications.

MONTH: _____

Non-Participating Manufacturer *	Cigarette Brand	Total sales on which taxes paid (Packs or Ounces of RYO)	Total purchases on which taxes were pre-paid	If pre-paid taxes, list distributor(s) from whom you purchased cigarettes	Total untaxed sales to other distributors	If sold untaxed, list distributor to whom cigarettes were sold

Note: The Attorney General's Office will not process incomplete or illegible certifications.

MONTH: _____

Non-Participating Manufacturer *	Cigarette Brand	Total sales on which taxes paid (Packs or Ounces of RYO)	Total purchases on which taxes were pre-paid	If pre-paid taxes, list distributor(s) from whom you purchased cigarettes	Total untaxed sales to other distributors	If sold untaxed, list distributor to whom cigarettes were sold

*To determine if a particular brand of cigarettes is a Non-Participating Manufacturer (NPM) brand, please refer to the South Carolina Tobacco Directory located at <http://www.scattorneygeneral.com/civil/tobacco.html>.

Note: The Attorney General's Office will not process incomplete or illegible certifications.

PART IV: CERTIFICATION

I hereby certify that the information contained in this report (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge is correct and complete.

Signature

Title

Date

Mail completed Quarterly Certification within 20 days after the end of each calendar quarter to the following address:

**Office of the South Carolina Attorney General
Tobacco Unit
P.O. Box 11549
Columbia, SC 29211**

Note: The Attorney General's Office will not process incomplete or illegible certifications.