



STATE OF NEBRASKA

Non-Participating Manufacturer Sales Information Request

Manufacturer Identification				
Company Name				Date
Mailing Address				
City	State	Zip Code	Country	
Phone			Fax	
Name and title of person completing form				

Mail - to - Address (if different from above)				
Name				
Mailing Address				
City	State	Zip	Country	
Phone		Fax	Email	
Liability Year or Quarter				
<input type="checkbox"/> [Year] _____ <input type="checkbox"/> First Quarter <input type="checkbox"/> Second Quarter <input type="checkbox"/> Third Quarter <input type="checkbox"/> Fourth Quarter				

Manufacturer's Records (Attach Addendum pages as necessary)

Instructions for the Manufacturer: List each distributor that sells your product(s) in the State of Nebraska. For each distributor, provide the sales volume according to your records for each brand family for the liability year or quarter and provide copies of invoices or other documents that support the sales volume listed. In addition, provide the name, address and contact person for all distributors to whom you sold product for the liability year or quarter. You must retain all invoices and documentation of sales and other information relied upon for a period of 5 years, unless otherwise required by law to maintain them for a greater period of time.

By completion of this form, the Manufacturer identified above requests that the Nebraska Attorney General:

- Identify distributors, in addition to those the manufacturer has listed below, which have reported the sale of manufacturer's brands in Nebraska during the liability year or quarter.
- Compare the brand sales volume below to that which distributors have reported to the State of Nebraska.
- Determine whether an escrow deposit based on the manufacturer's reported sales volume represents adequate funding for the liability year or quarter.

Distributor	Brand Family	Check One	Manufacturer's Records	Distributors Reported as of: <small>(AGO use only)</small>
		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		
		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		
		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		
		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		
Total of RYO Ounces				
Total of Cigarette Sticks				

