

State of New Mexico
Taxation and Revenue Department
CIGARETTE DISTRIBUTOR'S MONTHLY REPORT

Due on or before the 25th day of the month following the close of the reporting month. For assistance call (505) 827-6842.

Report for calendar month of: _____

Name and address of facility		Federal employer identification number
		Social security number
		New Mexico CRS identification number
Name of contact person	Telephone number and e-mail address	New Mexico distributor's license number

Important: When completed properly, negative amounts are not reported on the Cigarette Distributor's Monthly Report or Schedules. See *Negative Amounts Not Allowed* on page 2 of the instructions.

Section I - Unstamped Cigarette Inventory Reconciliation

	By number of packages	
	Outside NM	Inside NM
1. Beginning inventory of unstamped cigarettes for distribution or sale outside New Mexico (Include non-dedicated unstamped inventory.) 1.	<input type="text"/>	
2. Beginning inventory of unstamped cigarettes for distribution or sale inside New Mexico. (Must be stamped within 30 days of receipt.) 2.		<input type="text"/>
3. Plus unstamped cigarettes received and held for distribution or sale outside New Mexico (from Schedule B). 3. +	<input type="text"/>	
4. Plus unstamped cigarettes received and held for distribution or sale inside New Mexico (from Schedule B). 4. +		<input type="text"/>
5. Less cigarettes to which a New Mexico Cigarette Tax Stamp is affixed during the report month. (Also enter on line 10.) 5. -		<input type="text"/>
6. Less unstamped cigarettes distributed for sale <i>inside and outside</i> New Mexico and other reductions to inventory (from Schedule C). 6. -	<input type="text"/>	<input type="text"/>
7. Ending inventory of unstamped cigarettes for distribution or sale outside New Mexico. (Subtract line 6 - outside NM column - from the sum of lines 1 and 3.) 7. =	<input type="text"/>	
8. Ending inventory of unstamped cigarettes for distribution or sale inside New Mexico. (Subtract the sum of lines 5 and 6 - inside NM column - from the sum of lines 2 and 4.) 8. =		<input type="text"/>

Section II - Stamped Cigarette Inventory Reconciliation

	By number of packages	
9. Beginning inventory of New Mexico stamped cigarettes. 9.		<input type="text"/>
10. Plus cigarettes to which New Mexico cigarette tax stamp has been affixed (from Line 5)..... 10. +		<input type="text"/>
11. Plus stamped cigarettes received (from Schedule B). 11. +		<input type="text"/>
12. Less stamped cigarettes distributed and other reductions (from Schedule C). 12. -		<input type="text"/>
13. Ending inventory of New Mexico stamped cigarettes. (Subtract line 12 from the sum of lines 9, 10 and 11.) 13. =		<input type="text"/>

Section III - Unaffixed New Mexico Cigarette Tax Stamp Inventory

	By number of stamps			
	20 stick stamp (\$1.66)	25 stick stamp (\$2.075)	Tax-exempt	Tax-credit
14. Beginning inventory of unaffixed stamps 14.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15. Plus stamps received from the Department .. 15. +	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16. Less stamps spoiled or returned for refund ... 16. -	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
17. Less stamps applied (from line 5)..... 17. -	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18. Ending inventory of unaffixed stamps 18. =	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Under penalty of perjury, I declare that I have examined this application and all attachments and to the best of my knowledge and belief it is true, correct and complete.

Signature of applicant _____ Date _____ Phone _____ E-mail address _____

Mail to: New Mexico Taxation and Revenue Department, Cigarette Tax Unit, P.O. Box 25123, Santa Fe, NM 87504-5123