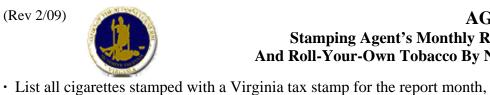
(Rev 2/09)



and all RYO tobacco on which excise tax paid in report month.

• This form should be used for **Non-Participating Manufacturers** 

## **AG-1 (NPM)**

## **Stamping Agent's Monthly Report of Virginia Stamped Cigarettes** And Roll-Your-Own Tobacco By Non-Participating Manufacturer's Brand Family

**AG-1** should be mailed to:

Page	of	

Office of the Attorney General

(NPM).  Reporting Month/Year: Your Business Name:	Your Permit Number:				Tobacco Section 900 East Main Street Richmond, Virginia 23219  - AG-1 (NPM) must be received by the 20 <sup>th</sup> day of the month following the calendar month for which the report is made.		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Brand Family/Name	Number of Packs Stamped	Pack Size 20 25	Number of Ounces of RYO on which tax paid	Dollars of RYO excise tax paid	Manufacturer (Name and Address)	From Whom Brand Was Purchased (Name and Address)	First Importer If Foreign Manufactured Product (Name and Address)
	Total	<u> </u>	Total	Total			
Under penalty of p	perjury, I hereb	by declare	that this repo	ort is true and c	correct.		
Signature and Title  Name Printed					<del></del>	Date	