Department of the Attorney General

Tobacco Enforcement Unit 425 Queen Street Honolulu, Hawaii 96813 STATE OF HAWAII <u>Schedule of Cigarettes, Roll-Your-Own Tobacco (RYO), and</u> <u>Products Labeled "Little Cigars"</u> Monthly Report by Tobacco Licensees Pursuant to Hawaii Revised Statutes (HRS), Chapter 486P Telephone: (808) 586-1203 Facsimile: (808) 586-0932 email: atg.tobaccoenforcement@hawaii.gov

Due Date: Not later than thirty days after the end of each month.

Tobacco Tax License Number	Name of Licensee	Federal Tax Identification Number	Period Ending (month/year)

Notice: Pursuant to HRS §486P-2(e), an "entity" (defined as "one or more individuals, a company, corporation, a partnership, an association, licensee, or any other type of legal entity") that is required to file a return or report pursuant to HRS chapters 245, 486P, or 675, or Title 15 United States Code §376 (PACT Act), shall also provide any information that the Department of the Attorney General may deem necessary for the proper administration of HRS chapters 486P or 675. The Attorney General deems Information relating to cigarettes and tobacco products sold to consumers within the State, (whether directly or through a distributor, retailer or similar intermediary) to be necessary information and such information shall be reported to the attorney general.

Instructions: Information relating to cigarettes manufactured by tobacco product manufacturers (TPMs) that have not joined the Master Settlement Agreement, i.e., Non-Participating Manufacturers (NPMs), and information relating to roll-your-own tobacco (RYO) and products labeled "Little Cigars" manufactured by any TPM shall be reported to the attorney general on a monthly basis. Please list below (1) All <u>Cigarettes</u> manufactured by any NPM; (2) All <u>RYO</u> manufactured by any TPM; and (3) All <u>Little Cigars</u> manufactured by any TPM. Add additional sheets as needed. In addition, please submit copies of invoices covering all shipments into the state during the previous calendar month. This form and any invoices shall be submitted <u>by the indicated due date</u> via email, fax, or U.S. mail to the relevant address listed above.

Manufacturer's Name	Brand	Invoice Date	Entity Sending Shipment to Hawaii	Number of Cigarettes	Ounces of
				or "Little Cigars"	Roll-Your-Own
					Tobacco**
1					
2					
3					
4					
5					
6					
7					
8					

Pursuant to HRS §486P-3(a), the attorney general may bring a civil action against any entity that fails to file the reports required under this chapter. Please be advised that the stamping or sale of cigarettes or RYO products is prohibited <u>unless the cigarette or RYO product is listed in the directory pursuant to HRS sections 486P-5 and 486P-6</u>. See also HRS §245-22.5. The directory is available at http://ag.hawaii.gov/cjd/tobacco-enforcement-unit.

This form must be submitted to the Tobacco Enforcement Unit monthly, even for months when no shipments were received. Questions regarding the filing of this form may be directed to the Tobacco Enforcement Unit at (808) 586-1203 or via email at attnobecommons.org attnobecommon to the Tobacco Enforcement Unit at (808) 586-1203 or via email at attnobecommons.org attnobecommon to the Tobacco Enforcement Unit at (808) 586-1203 or via email at attnobecommons.org attnobecommon to the Tobacco Enforcement Unit at (808) 586-1203 or via email at attnobecommons.org attnobecommon to the Tobacco Enforcement Unit at (808) 586-1203 or via email at attnobecommons.org attnobecommon to the Tobacco Enforcement Unit at (808) 586-1203 or via email at attnobecommons.org attnobecommon to the Tobacco Enforcement Unit at (808) 586-1203 or via email at attnobecommons.org attnobecommon to the Tobacco Enforcement Unit at (808) 586-1203 or via email at attnobecommons.org attnobecommon to the Tobacco Enforcement Unit at (808) 586-1203 or via email at attnobecommons.org attnobecommon to attnobecom

I DECLARE UNDER PENALTY OF LAW THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Print Name:	Signature:	Telephone:	E-mail address:	Date:
	-			FORM TEU5 09/2019