EFO00144
12-11-06

CG 1501-NP

Tobacco Master Settlement Agreement
Idaho State Tax Commission
Idaho Activity for Nonparticipating Cigarette Brands

Name:	**EIN:**
Tax Period:	**Permit Number:**

Use this schedule to report the cigarettes purchased from nonparticipating manufacturers and then **stamped and sold in Idaho.** You must complete this schedule **in addition** to completing the Idaho Cigarette Tax Return CG 1550 and all required supporting schedules. To find a list of participating manufacturers and brands online, go to **www2.state.id.us/ag/consumer/tobacco/directory_index.htm**. For more information on the Tobacco Master Settlement Agreement, please visit the Idaho Attorney General's Web site at **www2.state.id.us/ag/consumer/tobacco/msa.htm**.

a. Brand Name	**b.** Nonparticipating Manufacturer's Name & Address	**c.** Quantity Packs of 20	**d.** Total Cigarettes **(Col c. X 20)**	**e.** Quantity Packs of 25	**f.** Total Cigarettes **(Col. e. X 25)**
	Total Column d. from additional page(s) ➔				
		Total Column d. ➔			

CERTIFICATION: I certify that I am authorized to sign this document and that the information contained here is correct to the best of my knowledge.

Date	Printed Name	Signature

Total Column f. from additional page(s) ➔	
Total Column f. ➔	
GRAND TOTAL Columns d. + f. ➔	

EFO00144
12-16-08

CG 1501-NP

Idaho Activity for Nonparticipating Cigarette Brands (page 2)

Use this schedule to report any additional nonparticipating cigarette brands **stamped and sold** in Idaho. To find a list of **participating** manufacturers and brands online, go to **www2.state.id.us/ag/consumer/tobacco/directory_index.htm**.

a. Brand Name	**b.** Nonparticipating Manufacturer's Name & Address	**c.** Quantity Packs of 20	**d.** Total Cigarettes **(Col. X 20)**	**e.** Quantity Packs of 25	**f.** Total Cigarettes **(Col. e. X 25)**
			Total Column d. ➔		
				Total Column f. ➔	

Carry the Total for Column d. and the Total for Column f. to the front page.

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