

	<b>State of New Jersey Non-Participating Manufacturer Sales Information</b>	<b>NPM-S</b>
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**Part 1: Certification Year and Type of Certification**

Certification Year: Complete a separate form for each Certification Year that you are certifying. <b>Certification Year 2022 is for sales made in 2021.</b>		<input type="checkbox"/> <b>2022</b>	<input type="checkbox"/> Other: _____
Type of Certification: (check one)	<input type="checkbox"/> Initial	<input type="checkbox"/> Annual	<input type="checkbox"/> Supplemental

**Part 2: Manufacturer Identification**

Company Name:			
Name and Title of Person Completing this Form:			
Mailing Address:			
City:	State:	Zip Code:	Country:
Phone:	Fax:	FEIN:	

**Part 3: Sales Information**

**Instructions for the Manufacturer:** List each distributor, wholesale dealer and retailer which sells your product(s) in the State of New Jersey. For each distributor, wholesale dealer and retailer, provide the sales volume according to your records for each brand name and family for the liability year and provide copies of invoices or other documents that support the sales volume listed. In addition, provide the name, address, and phone number for the contact person at each distributor, wholesale dealer and retailer provided. Finally provide information regarding flavoring; identify flavors other than menthol, clove or tobacco.

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.

Distributor/Wholesale Dealer/Retailer	Brand Family	Brand Name	Sales Volume	Cigarette or RYO	Flavoring* (identify flavors other than menthol, clove or tobacco)

\*In no event shall cigarettes or any component part thereof that causes a cigarette or smoke from that product to have a characterizing flavor other than tobacco, clove or menthol, be sold or advertised in this State. N.J.S.A. 2A:170-51.6.



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