

## BRAND FAMILIES UNIT SALES SCHEDULE 1 (Rev. & Tax Code § 30165.1, Health & Saf. Code §§ 104555-104557)

JUS-TOB4(2/04) Page 1 of 2

" Original " Amended	Date:	SALES YEAR: 200
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## **INSTRUCTIONS:**

- <u>Column A</u>: List all Brand Families sold during this reporting period.
- <u>Column B</u>: Write "C" after any brand style of Cigarettes, (RYO) after any brand of Roll-Your-Own tobacco, and "LC" after any brands of Little Cigars.
- <u>Column C</u>: List all units sold in California during the reporting period, i.e., annual, quarterly or other specified period. (1 Unit = an individual cigarette or individual Little Cigar or .09 oz. of RYO.)
- <u>Column D</u>: If the reporting company is not the manufacturer (i.e. fabricator,) provide the name and street address of the manufacturer(s).

Attach additional sheets, as necessary, to provide a complete answer.

А	В	С	D
BRAND FAMILY NAME(S)	PRODUCT TYPE	UNITS SOLD	MANUFACTURER (i.e. FABRICATOR) NAME & ADDRESS

Complete information and declaration on page 2.

## **CIGARETTE BRAND FAMILIES UNIT SALES SCHEDULE 1** (Rev. & Tax Code § 30165.1) JUS-TOB4(2/04) Page 2 of 2

Company Name:					
This page requires the company to report the total sales made	de in California d	during the <b>preceding</b> calendar	year. Rev. & Tax Code § 30165.1(b)(2)(a).		
<ul> <li><u>Column B</u>: Write "C" after any brand style of Cigaret</li> <li><u>Column C</u>: List the total units sold in California durin</li> <li>1Unit = an individual cigarette or .09oz. of RYO or in</li> </ul>	ttes, (RYO) after ng the preceding Idividual Little C anufacturer (i.e	r any brand of Roll-Your-Own to g calendar year. (1Unit = an in igar.	any Brand Family that is no longer being sold in California. obacco, and "LC" after any brands of Little Cigars. dividual cigarette or individual Little Cigar or .09oz. of RYO.) d street address of the manufacturer (i.e. fabricator) of the		
A	В	С	D		
BRAND FAMILY NAME(S)	PRODUCT TYPE	TOTAL UNITS	MANUFACTURER (i.e. FABRICATOR) NAME & ADDRESS		
Under penalty of perjury, under the laws of California, I declaring information contained in this form is complete and accurate.	are that I am au	uthorized to certify, on behalf o	f the reporting company named above, that all of the		
Signature of Company Officer		Date:	Fax No.:		
Print Company Officer Name: Phone No.: Fax No.: e-mail address:					