Form CG 1501NP
Tobacco Master Settlement Agreement
Idaho Activity for Nonparticipating Cigarette Brands

IDAHO State Tax Commission

Name as shown on return	Federal Employer Identification Number (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 Form CG 1550, Cigarette Tax Return, and all required supporting schedules. To find a list of participating manufacturers and brands or for more information on the Tobacco Master Settlement Agreement, please visit the Idaho Attorney General's website at ag.idaho.gov.

A Brand Name	**B** Nonparticipating Manufacturer's Name and 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)

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 D from additional page(s)	
Total column D	
Total column F from additional page(s)	
Total column F	
Grand Total columns D + F	

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		Total column D			
				Total column F	

Carry the Total for column D and the Total for column F to the front page.