

CIGAR SHOP REPORTING FORM
Form 35-7500

Nebraska Liquor Control Commission Audit Division Financial Cigar Shop Form Mail: 301 Centennial Mall So. Lincoln NE 68508 Audit Phone: 402-471-4892	Office Use Only
---	-----------------

Complete This Entire Form

Trade Name				Enter Period Covered: from to	
Premise Address				MO/DT/YR	
Mailing Address		State	Nebraska	MO/DT/YR	
City, County		Zip Code			
Phone #		License #			

Gross Revenues by Type - Section One

\$ Monthly Revenues	Cigar Revenues	Other Tobacco Products Revenues	Tobacco Related Products Revenues	Alcohol Products Revenues	Misc Revenues
period 1 NOV					
DEC					
JAN					
period 2 FEB					
MAR					
APR					
period 3 MAY					
JUN					
JUL					
period 4 AUG					
SEP					
OCT					
Total					
	Column 1	Column 2	Column 3	Column 4	Column 5

Purchases - Section Two

Purchases \$ Cost	Cigars Purchases	Other Tobacco Products Purchases	Tobacco Related Products Purchases	Alcohol Products Purchases	Misc Purchases
period 1 NOV					
DEC					
JAN					
period 2 FEB					
MAR					
APR					
period 3 MAY					
JUN					
JUL					
period 4 AUG					
SEP					
OCT					
Total					
	Column 1	Column 2	Column 3	Column 4	Column 5

CIGAR SHOP REPORTING FORM
Form 35-7500

Line #1 - Gross Revenues

Section (#1) Add Columns 1 thru 5

\$ _____

Line # 2 - Base Percentage Factor

_____ X _____ 10%

Line #3 - Result Equals

Line #4 – Total Tobacco Gross Revenues

Section (#1) Add Columns 1 thru 3

\$ _____

Office Use Only	<input type="checkbox"/> Compliance <input type="checkbox"/> Non-Compliance (Action Needed)
-----------------	--

Certification of Licensee: This is to certify that this report has been examined by me and is to the best of my knowledge and belief a true and complete report made in good faith covering the period indicated above and the same is in accordance with books and the records of the reporting licensee.

<u>Print Name</u>	<u>Signed By</u>	<u>Title</u>	<u>Date</u>
_____	_____	_____	_____

*An Incomplete, inaccurate, false, or misleading statement made in this report may result in suspension, cancelation or revocation of the Liquor License, as well as termination of Cigar Shop Certification.

**Tax Reports must be filed within 30 days from ending reporting date or period.

INSTRUCTIONS: Once completed, please print the form, mail, fax, or scan & email to the Nebraska Liquor Control Commission.
PO Box 95046, Lincoln NE 68502-5046 | Fax: 402-471-2814 | nlcc.craftfarmmicrodesk@nebraska.gov