



STATE OF NEVADA
DEPARTMENT OF TAXATION

3850 Arrowhead Dr., 2nd Floor
Carson City, NV 89706

AFFIDAVIT OF DESTRUCTION

| Taxpayer ID#: | | Date: | | | |
|--|---------------------|---|-----------------------|------------------------|--------------------|
| Name of Company that Destroyed Cigarettes: | | Name of Wholesaler that Returned Product for Destruction: | | | |
| Reason for Destruction | Date of Destruction | Place of Destruction | Type of Stamp Affixed | Cigarettes Per Package | Number of Packages |
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By signing I certify that, to the best of my knowledge under penalty of perjury, the information contained herein is correct and acknowledge that pursuant to Nevada Revised Statutes (NRS) 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing to the Nevada Department of Taxation.

| | |
|-------------------|--------------|
| Name: | Title: |
| Signature: | Phone Number |

INSTRUCTIONS FOR COMPLETING THIS FORM

Nevada Revised Statute (NRS) 370.280 provides for refunds to cigarette dealers, manufacturers or their representatives, for the face value of the cigarette revenue stamp tax paid, less any discount previously allowed upon cigarettes destroyed due to staleness. **This Affidavit of Destruction form must be completed by the entity that destroyed the cigarettes** and accompany the Claim for Refund.

Forms that are incomplete, not signed under penalty of perjury, or do not include a statutorily valid reason for destruction which may be found in NRS 370.280, are invalid.