



STATE OF NEVADA
DEPARTMENT OF TAXATION

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

AFFIDAVIT FOR CONFIRMATION OF RECEIPT

Taxpayer ID#:	Date:
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Received By:	Cigarette Wholesaler Product Received From:
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Address Delivered to	Date Delivered	Type of Stamp Affixed	Cigarettes Per Package	Number of Packages

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:
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Signature:	Phone Number:
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INSTRUCTIONS FOR COMPLETING THIS FORM

Nevada Revised Statute (NRS) 370.280 provides for refunds to cigarette wholesale dealers for the face value of the cigarette revenue stamp tax paid, less any discount previously allowed upon cigarettes sold to U.S. Army, Air Force, Navy or Marine Corps, Veterans' hospitals, or to an Indian reservation. **This Affidavit for Confirmation of Receipt form must be completed in full by the cigarette tax exempt entity that received the cigarettes** and accompany the Claim for Refund in order for a refund of this type to be approved.

Forms that are incomplete or not signed by the receiver of cigarettes under penalty of perjury are invalid.