TOBACCO EXCISE TAX RETURN

COMPANY:________________________________________

TAX ACCOUNT NO.:________________________________

FOR THE QUARTER ENDING:________________________
(March 31, June 30, September 30, December 31)

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIGARETTES</td>
<td>OTHER TOBACCO PRODUCTS</td>
</tr>
<tr>
<td>Number of Packs</td>
<td>Wholesale Price</td>
</tr>
<tr>
<td>#</td>
<td>$</td>
</tr>
</tbody>
</table>

1. Cigarettes/Other Tobacco Products Imported or Acquired within NAB

2. Less Adjustments:
   (a) Volume Discounts (Does not Apply to Column 1)............................
   (b) Other Price Reductions (Does not Apply to Column 1)..................
   (c) Returned Merchandise ................................................................

3. Subtotal Adjustments (Sum Line 2a through 2c).................................

4. Adj Cigarettes/Other Tobacco Products (Subtract Line 3 from Line 1)

5. Less Exemptions:
   (a) Military Sales.............................................................................
   (b) Amount Prohibited from Taxation by Other Laws.........................
   (c) Wholesaled Outside the Borough ................................................

6. Subtotal Exemptions (Sum Line 5a through 5c) ..................................

7. Total Taxable (Subtract Line 6 from Line 4) ....................................

8. Tax Rate ...............................................................................................

9. Excise Tax (Multiply Line 7 by Line 8)...................................................

10. Credit For City Sales Tax Paid (limited to $1 per pack and 22.5%)...

11. Total Excise Tax After Credit (Subtract Line 10 from Line 9)...........

12. Total Tobacco Excise Tax Due (Add Line 11, Columns 1 and 2).....

13. Late Payment Penalty (6% if paid within 16 days of due date, otherwise 15%)

14. Late Tax Return Penalty (6% if paid within 16 days of due date, otherwise 15%)

15. Late Payment Interest (1% per Month, 12% per Annum)

16. Prior Period Adjustments

17. Total Amount Due with Return (Sum Line 12 through Line 16)

I certify under penalty of perjury that this return, including all accompanying schedules, has been examined by me and to the best of my knowledge and belief is a true, correct and complete return of all cigarette and tobacco products imported into or acquired in the Northwest Arctic Borough, Alaska during the period specified above.

X

DATE
SIGNATURE OF FIRM MEMBER, OWNER OR AGENT
PRINTED NAME
PHONE NUMBER

Note: This return must be filed by each Taxpayer that imports or acquires tobacco products in the Northwest Arctic Borough, even if no products were imported during the months covered.