STATE OF CALIFORNIA JUS-TOB4 (Rev. 02/2011)

BRAND FAMILIES UNIT SALES SCHEDULE 1 (Rev. & Tax Code § 30165.1, Health & Saf. Code §§ 104555-104557)

☐ Original ☐ Amended Date:			SALES YEAR: 20			
THIS FORM MUST BE SUBMITTED WITH THE CERTIF	ICATE OF	COMPLIANCE (JUS-	TOB3) FOR THE SPECIFIED REPORTING PERIOD.			
Company is a (Check One): Manufacturer Importer						
Company Name:		Board of Equaliz	Board of Equalization License Number:			
Street Address:						
Phone Number: Fax Number:	umber: Fax Number:		E-mail Address:			
*If your Company is required to make deposits into escrow more frequently than annually, indicate the specified reporting period for which deposit was made. Reporting Period: From (month/date/year):						
A	В	С	D			
BRAND FAMILY NAME(S)	PRODUCT TYPE	UNITS SOLD	MANUFACTURER (i.e. FABRICATOR) NAME & ADDRESS			

Complete information and declaration on page 2.



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Company Name:						
This page requires the company to report the total sales made	in California	during the preceding ca	alendar year. Rev. & Tax	Code § 30165.1(b)(2)(a).		
 Column A: List all Brand Families sold in the precedition of Column B: Write "C" after any brand style of Cigarette Column C: List the total units sold in California during RYO.) Column D: If the reporting company is not the manufathe Brand Family. Attach additional sheets, as necessary, to provide a complete	es, (RYO) aft g the precedir acturer (i.e. fa	er any brand of Roll-Young calendar year. (1 Unit	ur-Own tobacco, and "LC" = an individual cigarette	' after any brands of Little Cigars. or individual Little Cigar or .09 oz. of		
A	В	С		D		
BRAND FAMILY NAME(S)	PRODUCT TYPE	TOTAL UNITS		URER (i.e. FABRICATOR) ME & ADDRESS		
Under penalty of perjury, under the laws of California, I declare information contained in this form is complete and accurate.	that I am au	thorized to certify, on be	 shalf of the reporting comp	pany named above, that all of the		
Signature of Company Officer:			Date:			
Print Company Officer Name:	Phone Number: Fax No:					
Print Company Officer Title:	E-mail Address:					