



## Certified Smoke Shop “A” Annual Financial Documentation Form

Use this form to report the percentage of the smoke shop’s gross revenue that is derived from the sale of tobacco products or smoking instruments *intended for off-premises consumption or use*.

- Enter the calendar year covered in the field preceding column 1 and column 2.
- In column 1, include all sales categories and make sure they are clearly labeled.
- In column 2, report the gross revenue for each category of product sold.
- Attach additional copies of this form if you need more space.

\_\_\_\_\_  
Smoke Shop Name

\_\_\_\_\_  
Smoke Shop Phone

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

### Report of Gross Revenue

**Enter the calendar year covered:** \_\_\_\_\_

COLUMN 1 <u>Category of Product Sold</u>	COLUMN 2 <u>Category Gross Revenue</u>
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total gross revenue:</b>	\$

Total revenue from tobacco products and/or smoking instruments: \$ \_\_\_\_\_

Percentage of **total gross revenue** resulting from tobacco product and/or smoking instrument sales: \_\_\_\_\_%



**Notarized Affidavit**

I, \_\_\_\_\_, am the \_\_\_\_\_ of  
(First Name Last Name) (Title)

\_\_\_\_\_ and have the knowledge necessary to attest that this  
(Smoke Shop Name)  
smoke shop is primarily engaged in the sale of tobacco products and smoking instruments  
intended for off-premises consumption or use, and that it derived at least 75 percent of its gross  
revenue from such sales in \_\_\_\_\_.  
(Calendar Year)

**I declare under penalty of perjury that the foregoing is true and correct to the best of my  
knowledge, information, and belief.**

\_\_\_\_\_  
Printed Name of Affiant Date

\_\_\_\_\_  
Signature of Affiant Date

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

This instrument was acknowledged before me on \_\_\_\_\_ by  
(Date)

\_\_\_\_\_  
(Name of Person)

Signature of notarial officer: \_\_\_\_\_

My commission expires: \_\_\_\_\_ (seal)