



**CERTIFICATION FOR NON-PARTICIPATING MANUFACTURER  
CIGARETTES OR ROLL-YOUR-OWN EXCISE TAX PAID  
(In Lieu of Schedule B)**



**Reporting Month/Year:** \_\_\_\_\_

As evidenced by my signature below, I \_\_\_\_\_ do hereby

certify under penalty of perjury, that during the period of \_\_\_\_\_ through

\_\_\_\_\_

did not take delivery of any non-participating cigarettes in the Commonwealth of the Northern Mariana Islands or otherwise pay or become obligated to pay CNMI excise tax on such tobacco products.

\_\_\_\_\_  
Taxpayer's or Authorized Agent's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date