

III. MANUFACTURER BUSINESS ORGANIZATION

Legal Name	Certification for Sales Year
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A. Organization (check one)

<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Wisconsin Corporation – Enter date incorporated: _____ <input type="checkbox"/> Out-of-State / Country Corporation – Are you registered to do business in Wisconsin? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Other – Describe: _____ _____	<input type="checkbox"/> If Governmental Unit, check appropriate box <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Tribe <input type="checkbox"/> State/Provincial Agency <input type="checkbox"/> Local <input type="checkbox"/> Limited Liability Company – Enter date registered with the Secretary of State or equivalent: _____ For federal income tax purposes, how will the LLC be taxed: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Single member LLC dis-regarded as a separate entity
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- List all states in which you are registered with the Secretary of State or equivalent _____
- Indicate the state/province/country where your business was formed and attach copies of current articles [or similar such document(s)] and bylaws labeled as Exhibit _____.

B. For the organization marked in "A" above, complete the following for each individual, partner, or member and each officer, director, agent and holder of 5% or more stock. If additional space is needed, attach additional sheet(s) in the same format as below. (MUST BE COMPLETED.)

Name SS# / Date of Birth	Home Address & Phone Number (including international & area code)	City / Town / Village	State	Country	Zip Code	Position / Title	Percent of Stock Held
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Identify by (*) any person in B. above who: a) has an ownership interest or holds a management position in your firm; and (b) within the past five years has had an affiliation with, been employed or otherwise compensated by, a tobacco product manufacturer, distributor, importer or other such business involved with the sale or purchase of tobacco products. For each person that has such a relationship, identify the particular tobacco company with which the person is associated. Attach this list labeled as "Exhibit _____".

C. Enter the name(s) and dates below under which you have conducted business in the past five (5) years involved with the sale or purchase of tobacco products. If additional space is needed, attach additional sheet(s) in the same format as below.

Legal Name	Doing Business As (DBA)	Date of Change

*I certify, under penalty of perjury, that all of the information contained in this Certification Form (CTP-120/CTP-121) and all related schedules (CTP-122, CTP-122a, CTP-122b, CTP-122c and CTP-123, CTP-123a, CTP-123b, CTP-123c and CTP-124 or CTP-126) and all supporting documentation is true, accurate, and complete. I further certify that the above named Manufacturer is in full compliance with Wisconsin Statutes ss. 995.10, 995.12, and Wisconsin Chapter 139 and all related Codes and all rules adopted pursuant to those chapters. **The signature on this Certification Form must be notarized by an authorized notary public.***

Name of Owner, Officer, Partner or Director of Manufacturer and title (please print or type)		
Signature of Owner, Officer, Partner or Director of Manufacturer	Date	
Signature of Notary Public	Subscribed and sworn to before me on this date	(seal)
City or County of	My Commission Expires on	

Mail this Certification Form to the Attorney General:

Tobacco Enforcement Coordinator
 Wisconsin Department of Justice
 PO Box 7857
 Madison WI 53707-7857

Any change or modification should also be mailed to:

Excise Tax Unit
 Wisconsin Department of Revenue
 PO Box 8900
 Madison WI 53708-8900