NEBRASKA
Good Life. Great Service.

FORM 1296V

Electronic Nicotine Delivery Systems Manufacturer's Certification Payment Voucher

	DEPARTMENT OF REVENUE		ocitineation i ayment voucher			
	Name Doing Business A	As (DBA)			Please Do Not Write In This Space	
ᇫ	Legal Name					
P.	Street or Other Mailing Address					
Please	City	ty State ZIP Code		ZIP Code		
	Nebraska ID Number		Federal ID Number		Amount Remitted	

Mail this voucher and payment to:
Nebraska Department of Revenue, PO Box 98903, Lincoln, NE 68509-8903.
revenue.nebraska.gov, 800-742-7474 (NE and IA), 402-471-5729

5-276-2024 Rev. 1-2025