SCHEDULE A

TIN / SSN : # _____

SMOKING TOBACCO, SNUFF, CHEWING TOBACCO, ETC. Page ___ of ___

Taxpayer Name	Reporting Month

Date	Name of Supplier	Invoice Number	Quantity (Ounces)

Use Additional Sheets If Necessary.

Total Ounces Purchased :

Tax Due (Total Ounces * $0.45) :
[Enter Here & on Line 1 of Form 801R]

***Please see section 804 of the Tobacco Products Tax for a complete list of the tobacco to which this schedule applies.**

Note: Fractions of ounces of 50% or greater are to be treated as full ounces