SCHEDULE C

CIGARS WEIGHING NOT MORE THAN 3LBS/1000

TIN / SSN : # ____________________

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Taxpayer Name	**Reporting Month**

Date	Name of Supplier	Invoice Number	Quantity (Number of Cigars)

Total No. of Cigars Purchased :

Tax Due (Divide total Cigars by 20 and then multiply by $.089) :

[Enter Here & on Line 3 of Form 801R]