TOB-SCHEDULE B (*for* Form 801R)

SCHEDULE B

CAVENDISH, PLUG, AND TWIST TOBACCO

TIN / SSN : # ____________________

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Taxpayer Name	Reporting Month

Date	Name of Supplier	Invoice Number	Quantity (Number of Ounces)
		Total Ounces Purchased :	
		Tax Due (Total Ounces * $0.11) : [Enter Here & on Line 2 of Form 801R]	

Note: Fractional part of ounces are to be treated as full ounces