TOB-SCHEDULE B (for Form 801-R)



SCHEDULE B CAVENDISH, PLUG, OR TWIST TOBACCO

EIN/SSN:#			_
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Taxpayer Name			Reporting Period (Month & Year)
Date	Name of Supplier	Invoice Number	Quantity (Number of Ounces)
Total Ounces Purchased :			:
Tax Due (Total Ounces *\$1.25): [Enter Here & on Line 2 of Form 801-R]			

Note: Fractions part of ounces are to be treated as full ounces.