TOB-SCH

TOB-SCHEDULE A	(for Form	800D
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SCHEDULE A	TIN / SSN : #		
DISTRIBUTOR'S RECORD OF CIGAL	RETTES RECEIVED	Page	_ of

Γaxpayer Name Re		porting Period	
Date	Name of Supplier	Invoice Number	Quantity (Number of Cigarettes)
	Traine of Supplier	111,0100 1,4411.001	Zumiere, (rumier er ergarecees)
			+
			-
	Total Numb	oer of Cigarettes Received	1: