TOB-SCHEDULE A (for Form 800R)



SCHEDULE A

RETAILER'S	RECORD	OF CIGA	RETTES	PURCHASED

TIN / SSN : # _		
RCHASED	Page _	of

Caxpayer Name Ro			porting Month	
Date	Name of Supplier	Invoice Number	Quantity (Number of Cigarettes)	
	•			
	Total Num	ber of Cigarettes Received	:	