SCHEDULE A

TIN / SSN : # ____________________

SMOKING TOBACCO, SNUFF, CHEWING TOBACCO, ETC.

Page ___ of ___

Taxpayer Name	Reporting Month

Date	Name of Supplier	Invoice Number	Quantity (Ounces)

Use Additional Sheets If Necessary.

Total Ounces Received : ____________

Tax Due (Total Ounces * $0.113) : ____________

[Enter Here & on Line 1 of Form 801D]

Note: Fractions of ounces of 50% or greater are to be treated as full ounces