## TOB-SCHEDULE D (for Form 801D)



## SCHEDULE D TIN / SSN : # \_\_\_ ALL CIGARS NOT INCLUDED ON SCHEDULE C (SCHEDULE D CONSISTS OF PART I AND PART II)

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Taxpayer Name Ro			Reporting Month		
PART I.	CIGARS RETAILING FOR 5 CENTS	S (\$0.05) OR LESS			
Date	Name of Supplier	Invoice Number	Quantity (Number of Cigars)		
	<u> </u>				
1. Total Nu	umber of Cigars Received	• • • • • • • • • • • • • • • • • • • •			
2. Tax Due	(Divide Total in 1. by 3 and then multiple	y by \$.110)			
·					
PART II.	PART II. CIGARS RETAILING FOR MORE THAN 5 CENTS (\$0.05)				
Date	Name of Supplier	Invoice Number	Quantity (Number of Cigars)		
			+		
3. Total Nu	ımber of Cigars Received				
	(Total in 3. multiply by \$.110)				
	TAX DUE on Cigars (Add Lines 2 and 4)				