# SCHEDULE B

TIN / SSN : # ____________________

## CAVENDISH, PLUG, AND TWIST TOBACCO



| Taxpayer Name | Reporting Month |
|---|---|
| | |

| Date | Name of Supplier | Invoice Number | Quantity (Number of Ounces) |
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| | | Total Ounces Purchased : | |
| | | Tax Due (Total Ounces * $0.028) : [Enter Here & on Line 2 of Form 801R] | |

**Note: Fractional part of ounces are to be treated as full ounces**