# TOB-SCHEDULE A (for Form 800-R)

# SCHEDULE A

EIN/SSN:# ______________

## RETAILER'S RECORD OF CIGARETTES PURCHASED FOR SALE WITHIN THE NAVAJO NATION

Page ____ of ____

| Taxpayer Name | Reporting Period (Month & Year) |
|---|---|
| | * |

| Date | Name of Supplier | Invoice Number | Quantity (Number of Cigarettes) |
|---|---|---|---|
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**Total Number of Cigarettes Purchased for Sale :** ______________