SCHEDULE A

EIN/SSN:# _____

SMOKING TOBACCO, SNUFF, CHEWING TOBACCO, ETC.

Page ____ of ____

Taxpayer Name			Reporting Period (Month & Year) *
Date	**Name of Supplier**	**Invoice Number**	**Quantity (Ounces)**
Use Additional Sheets If Necessary.		**Total Ounces:**	
		Tax Due (Total Ounces *$3.85) : [Enter Here & on Line 1 of Form 801-D]	

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