SCHEDULE C

SMALL CIGARS WEIGHING NOT MORE THAN 3LBS/1000

EIN/SSN:#_____

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Taxpayer Name			Reporting Period (Month & Year) *
Date	**Name of Supplier**	**Invoice Number**	**Quantity (Number of Cigars)**
		Total No. of Cigars Purchased :	
		Tax Due (Divide total Cigars by 20 and then multiply by $2.50) : [Enter Here & on Line 3 of Form 801-R]	