CR-3 (8-02, R-8)

STATE OF NEW JERSEY
DIVISION OF TAXATION
CIGARETTE TAX
PO BOX 187
TRENTON, NJ 08695-0187

SCHEDULE B

NON-NEW JERSEY STAMPED CIGARETTES PURCHASED

FID/EIN: _____

Name of Wholesaler: _____

Month of _____ Year _____

DATE RECEIVED	INVOICE NUMBER	PURCHASED FROM NAME AND ADDRESS	20's	25's	Roll Your Own Tobacco (in ounces)
		TOTAL or SUBTOTAL			