Federal ID Number		Taxpayer Name	Address		City State Zip Code
Name and Address of the Receiver of Product	Reason for Exemption	Tobacco Products (excluding Liquid Nicotine, Moist Snuff, & Roll-Your-Own)	Liquid Nicotine (fluid milliliter)	Moist Snuff (ounces)	Roll-Your-Own Tobacco
Total					

INSTRUCTIONS FOR COMPLETING SCHEDULE G EXEMPT USE OR DISTRIBUTION OF TOBACCO PRODUCTS

Enter your Federal Identification Number, Taxpayer Name, and address, including your city, state, and zip code.

Enter the name and address of the receiver of products. You must provide the reason the sales are exempt from tax.

For each receiver, enter the monthly total wholesale price of Tobacco Products used or distributed in a non-taxable manner for the month.

For each receiver, enter the monthly total fluid milliliters of Liquid Nicotine used or distributed in a non-taxable manner for the month.

For each receiver, enter the monthly total ounces of Moist Snuff used or distributed in a non-taxable manner distributed for the month.

For each receiver, enter the monthly total wholesale price of Roll-Your-Own Tobacco used or distributed in a non-taxable manner for the month.

TOTAL EACH COLUMN AND ENTER THE TOTALS ON LINE 14 OF THE TPT-10 RETURN.