CWIP-2 (9-99, R-6)

SCHEDULE R

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

WHOLESALE DEALERS PURCHASE SCHEDULE

FID/EIN: _____

Name of Wholesaler: _____

Month of _____ Year _____

DATE REC'D	INVOICE NUMBER	Name and Address (from whom received)	Total Number of Individual Cigarettes Received or Purchased
		TOTAL or SUBTOTAL	