

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

DISTRIBUTOR'S SALES SCHEDULE
(SALES OF STAMPED CIGARETTES TO WHOLESALERS)

(Name of Licensee)

Month of _____ Year _____

Date of Invoice	Invoice Number	License Number	NAME and ADDRESS - TO WHOM SOLD	Number of Individual Cigarettes Sold
TOTAL or SUBTOTAL				

List sales by date of invoice rather than by date of actual delivery