SCHEDULE D

EIN/SSN:# _____

ALL CIGARS NOT INCLUDED ON SCHEDULE C
(SCHEDULE D CONSISTS OF PART I AND PART II)

Page ____ of ____

Taxpayer Name	Reporting Month
	*

PART I. CIGARS

Date	Name of Supplier	Invoice Number	Quantity (Number of Cigars)

1. Total Number of Cigars Purchased . . . . . .

2. Tax Due (Total No. of Cigars multiply by $3.62) . . . . . .

PART II. CIGARS RETAILING FOR MORE THAN 5 CENTS ($0.05)

Date	Name of Supplier	Invoice Number	Quantity (Number of Cigars)

3. Total Number of Cigars Received . . . . . .

4. Tax Due (Line 3 multiply by $3.62) . . . . . .

5. TOTAL TAX DUE on Cigars (Add Lines 2 and 4) [Enter Here & on Line 4 from Form 801-R] . . . .