



SCHEDULE B

CAVENDISH, PLUG, AND TWIST TOBACCO

TIN / SSN : # \_\_\_\_\_

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Taxpayer Name			Reporting Month
Date	Name of Supplier	Invoice Number	Quantity (Number of Ounces)
<b>Total Ounces Received :</b>			
<b>Tax Due (Total Ounces * \$0.028) :</b>			
<small>[Enter Here &amp; on Line 2 of Form 801D]</small>			

Note: Fractional part of ounces are to be treated as full ounces