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 Period (Month & Year) *

PART I. CIGARS

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

1. Total Number of Cigars	
2. Tax Due (Line 1 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	
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-D]	