

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

UNSTAMPED CIGARETTES RECEIVED
NEW JERSEY REVENUE STAMPS NOT AFFIXED

FID/EIN: _____

Name of Licensee: _____

Month of _____ Year _____

DATE REC'D	INVOICE NUMBER	Purchased From	20's	25's	Roll Your Own Tobacco (in ounces)
		Name and Address			
TOTAL or SUBTOTAL					