

Sales, Deliveries and Transfers of Cigarettes from New Jersey

Complete a separate Schedule for each State into which cigarettes were sold - ***File in Triplicate***

Cigarettes transferred into State of			Month:	Year:
Name			FEIN:	
DBA			Soc. Sec. Number:	
Street Address			Cigarette License Number:	
City	State	Zip	Your State's Account Number:	

Columns:

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| <ul style="list-style-type: none"> 1. Date of shipment or transfer out of state. 2. Indicate how shipped: DT, Dist. Truck; CC, Common Carrier; PP, Parcel Post; CT, Customer Truck. 3. Invoice number of product shipped into another state. 4. Complete name, address and city of company or person to whom cigarettes were sold. 5. Number of packages of 20's (only required if your state requires you to report in pack quantities). | <ul style="list-style-type: none"> 6. Number of packages of 25's (only required if your state requires you to report in pack quantities). 7. Number of packages of other pack sizes (only required if your state requires you to report in pack quantities). 8. Total number of sticks per invoice (only required if your state requires you to report in total stick quantities). 9. Indicate whether shipped cigarettes were tax paid (only in states where untaxed shipments are allowable). |
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(1) Date	(2) How Shipped	(3) Invoice Number	(4) Whom Sold - Name and Address	(5) # of Packs (20's)	(6) # of Packs (25's)	(7) Other (Specify)	(8) # of Cigarettes (Total sticks)	(9) Tax Paid (Yes / No)

Sub Total: This Page Only _____
 Grand Total _____