CR-5 (7-02, R-5)

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

SCHEDULE D

SALES OF UNSTAMPED CIGARETTES TO UNITED STATES GOVERNMENT

FID/EIN: _____

Name of Licensee: _____

Month of _____ Year _____

DATE	INVOICE NUMBER *	AGENCY Name and Address	20's	25's	Roll Your Own Tobacco (in ounces)
		TOTAL or SUBTOTAL			

***** Attach copies of duly receipted invoices to this schedule