

Schedule B

Tobacco Products Sold

rev 07 - 18

Federal ID Number		Taxpayer Name		Address		City	State	Zip Code
Name and Address of Purchaser		Tobacco Products (excluding Liquid Nicotine, Moist Snuff & Roll- Your-Own)	Liquid Nicotine (fluid milliliter)	Moist Snuff (ounces)	Roll-Your-Own Tobacco			
Total								

**INSTRUCTIONS FOR COMPLETING SCHEDULE B
TOBACCO PRODUCTS SOLD**

Enter your Federal Identification Number, Taxpayer Name, and address, including your city, state, and zip code.

Provide the name and address of the purchaser to whom you sold Tobacco Products, Liquid Nicotine, Moist Snuff, and Roll-Your-Own Tobacco.

- **Exclude Liquid Nicotine, Moist Snuff, and Roll-Your-Own from the amounts for Tobacco Products.**

For each purchaser, enter the monthly total wholesale price of Tobacco Products sold for the month.

For each purchaser, enter the monthly total fluid milliliters of Liquid Nicotine sold for the month.

For each purchaser, enter the monthly total ounces of Moist Snuff sold for the month.

For each purchaser, enter the monthly total wholesale price of Roll-Your-Own Tobacco sold for the month.

TOTAL EACH COLUMN AND ENTER THE TOTALS ON LINE 8 OF THE TPT-10 RETURN.