Form TPT-FL	Tobacco Products Tax Floor S	Stocks Tax Return	rev 8/25
Date Received	State of New Jo Department of Tre Division of Taxa	asury	DLN
Federal ID Number Taxpayer Name Address			Send This Return to: Division of Revenue and Enterprise Services PO Box 250 Trenton, New Jersey 08646-0250
Type of Business: Distr	ibutor Wholesale L	Retail Dealer	Make Payment to: State of New Jersey - TPT-FL
Return and payment are due	on or before: Octob	oer 1, 2025 L	iquid Nicotine (fluid milliliter)
1 Inventory as of the start of b	ousiness on August 1, 2025		
2 Tax Rate		0.20 per fluid milliliter	
3 Tax Due on Inventory (Line	1 times line 2)		
Declaration: I declare, under the penalties provided by law, that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return. If the return is prepared by a person other than the taxpayer, this declaration is based on all the information relating to the matters required to be reported in the return of which they have knowledge.			
Taxpayer Signature Title			Date
Printed Taxpayer Name Phone Number			Taxpayer ID#
Paid Preparer Signature	Preparer's Address		Preparer's ID#