CNR-2
(8/25)

Schedule A

State of New Jersey
Division of Taxation
Cigarette Tax
PO Box 187
Trenton, NJ 08695-0187

Nonresident Dealers
Receipts of All New Jersey-Stamped Cigarettes
During the Month

FID/EIN _____

Name of Licensee _____

Month of _____ Year _____

Date Received	Invoice Number	Received From (Name and Address)	Number of Individual Cigarettes	Roll Your Own Tobacco (in ounces)
		Totals		