CR-3
(8/25)

Schedule B

Non-New Jersey
Stamped Cigarettes Purchased

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

FID/EIN _____

Name of Wholesaler _____

Month of _____ Year _____

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