



**INSTRUCTIONS FOR COMPLETING SCHEDULE A  
TOBACCO PRODUCTS PURCHASED**

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

Provide the name and address of the New Jersey suppliers from whom you purchased Tobacco Products, Liquid Nicotine, and Moist Snuff.

For each supplier, enter the monthly total wholesale price of Tobacco Products (excluding Liquid Nicotine, Moist Snuff, and Roll-Your-Own) purchased in New Jersey for the month.

For each supplier, enter the monthly total fluid milliliter of Liquid Nicotine purchased in New Jersey for the month.

For each supplier, enter the monthly total ounces of Moist Snuff purchased in New Jersey for the month.

**TOTAL EACH COLUMN AND ENTER THE TOTALS ON LINE 1 OF THE TPT-10 RETURN.**