

# TT-100: Wisconsin Distributor's Tobacco Products Tax Return

Read instructions before completing.

|                                                                                      |                                                                      |                                                                                                       |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Tax Account Number                                                                   | FEIN / SSN                                                           | Month Covered (MM DD YYYY)<br><div style="text-align: center; font-size: 1.2em;">08 / 31 / 2018</div> |
| Legal Name<br><div style="text-align: center; font-size: 1.2em;">Sample TT 100</div> |                                                                      |                                                                                                       |
| Business Name (DBA)                                                                  |                                                                      |                                                                                                       |
| Permit/Business Address                                                              |                                                                      |                                                                                                       |
| City<br><div style="text-align: center; font-size: 1.2em;">Madison</div>             | State<br><div style="text-align: center; font-size: 1.2em;">WI</div> | Zip Code<br><div style="text-align: center; font-size: 1.2em;">53713</div>                            |

- ☐ Cancel my permit effective \_\_\_\_\_  
(MM DD YYYY)
- ☐ Check if change to name, address, entity, or email
- ☐ Check if this is an **amended** return
- ☐ Check if correspondence is included

## Section 1 ALL TOBACCO PRODUCTS TAX (excluding moist snuff and cigars)

|                                                                                                                                |   |      |     |
|--------------------------------------------------------------------------------------------------------------------------------|---|------|-----|
| 1 Total untaxed tobacco products purchased / sold (see instructions) .....                                                     | 1 | 2785 | .00 |
| 2 Credit for exempt organizations / returned merchandise / short shipments<br>(Form TT-101, schedule 3, untaxed credits) ..... | 2 | 3 15 | .00 |
| 3 Sales to other states (Form TT-101, schedule 5, untaxed sales) .....                                                         | 3 | 535  | .00 |
| 4 Net untaxed tobacco products purchase / sold (subtract lines 2 and 3 from line 1) .....                                      | 4 | 1935 | .00 |
| 5 Tobacco products tax rate .....                                                                                              | 5 | 71%  |     |
| 6 Tobacco products tax (multiply line 4 by line 5 and round to the nearest dollar) .....                                       | 6 | 1374 | .00 |

## Section 2 MOIST SNUFF TAX

|                                                                                                                                 |    |      |     |
|---------------------------------------------------------------------------------------------------------------------------------|----|------|-----|
| 7 Total untaxed moist snuff purchased / sold (see instructions) .....                                                           | 7  | 7245 | .00 |
| 8 Credit for exempt organizations / returned merchandise / short shipments<br>(Form TT-101M, schedule 3, untaxed credits) ..... | 8  | 200  | .00 |
| 9 Sales to other states (Form TT-101M, schedule 5, untaxed sales) .....                                                         | 9  | 275  | .00 |
| 10 Moist snuff tax (subtract lines 8 and 9 from line 7) .....                                                                   | 10 | 6770 | .00 |

## Section 3 CIGAR TAX

|                                                                                                                                      |    |       |     |
|--------------------------------------------------------------------------------------------------------------------------------------|----|-------|-----|
| 11 Tax on cigars purchased / sold (see instructions) .....                                                                           | 11 | 675   | .00 |
| 12 Tax credit for exempt organizations / returned merchandise / short shipments<br>(Form TT-101C, schedule 3, untaxed credits) ..... | 12 | 167   | .00 |
| 13 Tax credit for sales to other states (Form TT-101C, schedule 5, untaxed sales) .....                                              | 13 | 844   | .00 |
| 14 Net cigar tax (subtract lines 12 and 13 from line 11 and round to the nearest dollar) .....                                       | 14 | 43367 | .00 |

## Section 4 TAX RECONCILIATION

|                                                                                                                                                 |    |      |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----|------|-----|
| 15 Total tobacco products, moist snuff, and cigar tax due / refund<br>(add lines 6, 10, and 14) Refund is identified as a negative number ..... | 15 | 7808 | .00 |
| 16 Less bad debt tobacco products tax deduction (Form TT-117, column G) .....                                                                   | 16 | 726  | .00 |
| 17 Add bad debt tobacco products tax repayment (attach schedule and explanation) .....                                                          | 17 |      | .00 |
| 18 TOTAL AMOUNT DUE (If line 15 less line 16 plus line 17 is greater than zero) .....                                                           | 18 | 7082 | .00 |
| 19 TOTAL REFUND CLAIMED (If line 15 less line 16 plus line 17 is less than zero) .....                                                          | 19 |      | .00 |

## Section 5 MASTER SETTLEMENT AGREEMENT REPORTING

- 20 Do you have any Master Settlement Agreement (MSA) reporting requirements for Non-Participating Manufacturers' products for this period? .....
- If yes, complete Form TT-101.
- 20 ☐ Yes ☐ No

→ Enter your new MSA email address if your required MSA email address has changed →

**DECLARATION:** I declare under penalties of law that I have examined this return and all attachments and, to the best of my knowledge and belief, it is true, correct, and complete.

|                                        |                                              |      |
|----------------------------------------|----------------------------------------------|------|
| Preparer's Name (please print or type) | Signature of Permittee (or authorized agent) |      |
| Email Address                          | Preparer's Phone Number<br>( )               | Date |

## TT-101

## Uniform Tobacco Products Transaction Schedule

Reporting Period

Date (YYYY-MM)

2018-08

File with your Form TT-100.

## Transactions

Include all transactions related to the receipts and disbursements of tobacco products.

2-02

|       |     |
|-------|-----|
| other | OTF |
|-------|-----|

RYC OTR NPM

|              |                     |
|--------------|---------------------|
| $\delta + 0$ | $\delta \delta = 0$ |
|--------------|---------------------|

Tobacco

\* Only required by delivery sellers.

**Delivery Service – Required for Delivery Sellers Only**

| Name | FEIN | Address, City, State, ZIP | Phone Number |
|------|------|---------------------------|--------------|
|      |      |                           |              |

# Uniform Tobacco Products Transaction Schedule

Reporting Period

Date (YYYY-MM)

2018-08

Schedule  
TT-101

## Transactions

Include all transactions related to the receipts and disbursements of tobacco products.

Due Date:

File with your Form TT-100.

| Schedule Code | Document |        | Type of Customer | Purchased From, Sold To, Ship/Bill To |                |            |       | Customer FEIN | Customer ID |
|---------------|----------|--------|------------------|---------------------------------------|----------------|------------|-------|---------------|-------------|
|               | Date     | Number |                  | Name                                  | Street address | City       | State |               |             |
| 1B            | 8/1/18   | INV002 | wholesaler       | out of state wholesaler               | 1234           | wholesaler | FL    | USA           | 12345       |

| Description     | Fed | State | MSA Status | * Price | Tax Jurisdiction | Product Description | Manufacturer | Manufacturer FEIN | Brand Family | Unit Description | Unit | Weight/Volume | Value | Quantity | Stick Count | Extended Taxable Amount |
|-----------------|-----|-------|------------|---------|------------------|---------------------|--------------|-------------------|--------------|------------------|------|---------------|-------|----------|-------------|-------------------------|
| pipe OTP        |     |       |            |         |                  | OTP                 | XYZ          | 12-3456789        | Brand 1      | Can              | 1    |               | 25    | 30       |             | 750                     |
| other OTP       |     |       |            |         |                  | OTP                 | XYZ          | 12-3456789        | Brand 2      | Box              | 20   |               | 15    | 40       |             | 600                     |
| chewing tobacco |     |       |            |         |                  | OTP                 | XYZ          | 12-3456789        | Brand 3      | Pch              | 10   |               | 30    | 12       |             | 360                     |

\* Only required by delivery sellers.

Delivery Service – Required for Delivery Sellers Only

| Name | FEIN | Address, City, State, ZIP | Phone Number |
|------|------|---------------------------|--------------|
|      |      |                           |              |

## Uniform Tobacco Products Transaction Schedule

Date (YYYY-MM)

Include all transactions related to the receipts and disbursements of tobacco products.

File with your Form TT-100.

# Transactions

Include all transactions related to the receipts and disbursements of tobacco products.

| Schedule Code | Document |        | Type of Customer | Purchased From, Sold To, Ship/Bill To |                |       |         | Customer FEIN |  | Customer ID |
|---------------|----------|--------|------------------|---------------------------------------|----------------|-------|---------|---------------|--|-------------|
|               | Date     | Number |                  | Name                                  | Street address |       |         |               |  |             |
| 2C            | 8-10-18  | 3      | military         | US Government                         | City           | State | Country | ZIP           |  |             |
|               |          |        |                  | MADISON                               |                | WI    | USA     | 53716         |  |             |

[illegible]

\*Only required by delivery sellers.

**Delivery Service – Required for Delivery Sellers Only**

| Delivery service – Required for Delivery Services Only |      |                           |              |
|--------------------------------------------------------|------|---------------------------|--------------|
| Name                                                   | FEIN | Address, City, State, ZIP | Phone Number |
|                                                        |      |                           |              |

## Uniform Tobacco Products Transaction Schedule

Date (YYYY-MM)

2018-08

Include all transactions related to the receipts and disbursements of tobacco products.

File with your Form TT-100.

[illegible]

**Delivery Service – Required for Delivery Sellers Only**

| Name | FEIN | Address, City, State, ZIP | Phone Number |
|------|------|---------------------------|--------------|
|      |      |                           |              |

## Uniform Tobacco Products Transaction Schedule

**Due Date:**

File with your Form TT-100.

## Transactions

Include all transactions related to the receipts and disbursements of tobacco products.

Reporting Period

Date (YYY-MM)

2018-08

| Schedule Code | Document |          | Type of Customer | Purchased From, Sold To, Ship/Bill To |                |       |         |       | Customer FEIN | Customer ID |
|---------------|----------|----------|------------------|---------------------------------------|----------------|-------|---------|-------|---------------|-------------|
|               | Date     | Number   |                  | Name                                  | Street address |       |         | ZIP   |               |             |
| 2D            | 8/15/18  | cont # 2 | Manufacturer     | ABC                                   | City           | State | Country |       | 44-4444444    |             |
|               |          |          |                  | Back Road                             | IL             |       | USA     | 17345 |               |             |

[illegible]

\* Only required by delivery sellers.

**Delivery Service – Required for Delivery Sellers Only**

| Delivery Services                  |      |                           |              |
|------------------------------------|------|---------------------------|--------------|
| Required for Delivery Service Only |      |                           |              |
| Name                               | FEIN | Address, City, State, ZIP | Phone Number |
|                                    |      |                           |              |

## Uniform Tobacco Products Transaction Schedule

Date (YYY-MM)

Date (YYYY-MM) 2018-08

Include all transactions related to the receipts and disbursements of tobacco products.

File with your Form TT-100.

| Description     | Fed State   | MSA Status | * Price | Tax Jurisdiction | Product Description | Manufacturer | Manufacturer FEIN | Brand Family | Unit Description | Unit | Weight / Volume | Value | Quantity | Stick Count | Extended Taxable Amount |
|-----------------|-------------|------------|---------|------------------|---------------------|--------------|-------------------|--------------|------------------|------|-----------------|-------|----------|-------------|-------------------------|
| UFF Moist Snuff | Moist Snuff |            |         |                  |                     | ABC          | 12-3456789        | Brand 4      | Scans            | 90   |                 | 200   | 5        |             | 1000                    |
| UFF Moist Snuff | Moist Snuff |            |         |                  |                     | ABC          | 12-3456789        | Brand 5      | Scans            | 5    |                 | 15    | 75       |             | 1125                    |
| UFF Moist Snuff | Moist Snuff |            |         |                  |                     | ABC          | 12-3456789        | Brand 6      | 10 Cans          | 10   |                 | 25    | 50       |             | 1250                    |

**Delivery Service – Required for Delivery Sellers Only**

| Delivery Service – Required for Delivery Services Only |      |                           |              |
|--------------------------------------------------------|------|---------------------------|--------------|
| Name                                                   | FEIN | Address, City, State, ZIP | Phone Number |
|                                                        |      |                           |              |

# Schedule TT-101

## Uniform Tobacco Products Transaction Schedule

Reporting Period

Date (YYYY-MM)

2018-08

### Transactions

Include all transactions related to the receipts and disbursements of tobacco products.

Due Date:

File with your Form TT-100.

| Schedule Code | Date   | Document Number | Type of Customer | Purchased From, Sold To, Ship/Bill To |                                     |               |             | Customer FEIN  | Customer ID  |
|---------------|--------|-----------------|------------------|---------------------------------------|-------------------------------------|---------------|-------------|----------------|--------------|
| 1B            | 8-1-18 | inv002          | wholesale        | Name<br>out of state wholesaler       | Street address<br>1234 whole street | City<br>miami | State<br>FL | Country<br>USA | ZIP<br>12345 |

| Description<br>Fed State | MSA<br>Status | * Price | Tax Jurisdiction | Product<br>Description | Manufacturer<br>FEIN | Brand Family | Unit<br>Description | Unit | Weight /<br>Volume | Value | Quantity | Stick<br>Count | Extended<br>Taxable Amount |
|--------------------------|---------------|---------|------------------|------------------------|----------------------|--------------|---------------------|------|--------------------|-------|----------|----------------|----------------------------|
| snuff moist              | snuff         |         |                  | moist snuff            | XYZ                  | Brand 4      | 5 can               | 5    |                    | 14    | 15       |                | 210                        |
| snuff moist              | snuff         |         |                  | moist snuff            | XYZ                  | Brand 5      | 5 can               | 90   |                    | 220   | 3        |                | 660                        |
| snuff moist              | snuff         |         |                  | moist snuff            | XYZ                  | Brand 6      | 10 can              | 10   |                    | 150   | 20       |                | 3000                       |

\* Only required by delivery sellers.

Delivery Service – Required for Delivery Sellers Only

|      |      |                           |              |
|------|------|---------------------------|--------------|
| Name | FEIN | Address, City, State, ZIP | Phone Number |
|------|------|---------------------------|--------------|

## Reporting Period

Date (YYYY-MM)

Include all transactions related to the receipts and disbursements of tobacco products.

File with your Form TT-100.

| Description |             | MSA Status | * Price | Tax Jurisdiction | Product Description | Manufacturer | Manufacturer FEIN | Brand Family | Unit Description | Unit | Weight / Volume | Value | Quantity | Stick Count | Extended Taxable Amount |
|-------------|-------------|------------|---------|------------------|---------------------|--------------|-------------------|--------------|------------------|------|-----------------|-------|----------|-------------|-------------------------|
| uff         | moist snuff |            |         | WI               |                     | ABC          | 12-3456789        | Brandy       | Scans            | 90   |                 | 200   | 1        |             | 200                     |
| uff         | moist snuff |            |         | WI               |                     | ABC          | 12-3456789        | Brandy       | Scans            | 5    |                 | 15    | 10       |             | 150                     |

**Delivery Service – Required for Delivery Sellers Only**

| Name | FEIN | Address, City, State, ZIP | Phone Number |
|------|------|---------------------------|--------------|
|      |      |                           |              |

## Reporting Period

Date (YYYY-MM)

Include all transactions related to the receipts and disbursements of tobacco products.

File with your Form TT-100.

| Description |       | MSA Status  | * Price | Tax Jurisdiction | Product Description | Manufacturer | Manufacturer FEIN | Brand Family | Unit Description | Unit | Weight / Volume | Value | Quantity | Stick Count | Extended Taxable Amount |
|-------------|-------|-------------|---------|------------------|---------------------|--------------|-------------------|--------------|------------------|------|-----------------|-------|----------|-------------|-------------------------|
| Fed         | State |             |         |                  |                     |              |                   |              |                  |      |                 |       |          |             |                         |
| 4FF         | MO    | MOIST SNIFF |         | MO               |                     | ABC          | 12-3456789        | Brand 4      | 5 Cans           | 90   |                 | 200   | 1        |             | 200                     |
| 4FF         | MO    | MOIST SNIFF |         | MO               |                     | ABC          | 12-3456789        | Brand 5      | 5 Cans           | 5    |                 | 15    | 5        |             | 75                      |

**Delivery Service – Required for Delivery Sellers Only**

| Name | FEIN | Address, City, State, ZIP | Phone Number |
|------|------|---------------------------|--------------|
|      |      |                           |              |

## Uniform Tobacco Products Transaction Schedule

Reporting Period

Date (YYYY-MM)

# Transactions

Include all transactions related to the receipts and disbursements of tobacco products.

**Due Date:**

File with your Form TT-100.

| Schedule Code | Document |          | Type of Customer | Purchased From, Sold To, Ship/Bill To |                |                    |       | Customer FEIN | Customer ID |
|---------------|----------|----------|------------------|---------------------------------------|----------------|--------------------|-------|---------------|-------------|
|               | Date     | Number   |                  | Name                                  | Street address |                    |       |               |             |
| 2D            | 8/15/18  | Coat # 2 | manufacturer     | ABC                                   |                | 1 manufacturer way |       | 44-4444444    |             |
|               |          |          |                  | City                                  | State          | Country            | ZIP   |               |             |
|               |          |          |                  | Rockford                              | IL             | USA                | 12345 |               |             |

[illegible]

|  |                                      |
|--|--------------------------------------|
|  | * Only required by delivery sellers. |
|--|--------------------------------------|

**Delivery Service – Required for Delivery Sellers Only**

| Name | FEIN | Address, City, State, ZIP | Phone Number |
|------|------|---------------------------|--------------|
|      |      |                           |              |

## Uniform Tobacco Products Transaction Schedule

Reporting Period

Date (YYYY-MM)

## Transactions

Include all transactions related to the receipts and disbursements of tobacco products.

**Due Date:**

File with your Form TT-100.

| Schedule Code | Document |        | Type of Customer | Purchased From, Sold To, Ship/Bill To |                  |    |     |         | Customer FEIN | Customer ID |
|---------------|----------|--------|------------------|---------------------------------------|------------------|----|-----|---------|---------------|-------------|
|               | Date     | Number |                  | Name                                  | Street address   |    |     | Country |               |             |
| 1A            | 8/1/18   | invoic | manufacturer     | ABC manufacturer                      | 123 out of state | IL | USA | 12345   | 11-111111     | 711-111111  |
|               |          |        |                  | City<br>Chicago                       |                  |    |     |         |               |             |

| Description |       | MSA Status | * Price | Tax Jurisdiction | Product Description | Manufacturer | Manufacturer FEIN | Brand Family | Unit Description | Unit | Weight / Volume | Value | Quantity | Stick Count | Extended Taxable Amount |
|-------------|-------|------------|---------|------------------|---------------------|--------------|-------------------|--------------|------------------|------|-----------------|-------|----------|-------------|-------------------------|
| Fed         | State |            |         |                  |                     |              |                   |              |                  |      |                 |       |          |             |                         |
| all         | CA    | CIGAR      |         |                  | LITTLE CIGARS       | ABC          | 12-3456789        | Brand 7      | Box X            | 200  |                 | 10    | 3        | 600         | 21,30                   |
| Blue        | CA    | CIGAR      |         |                  | CIGARS              | ABC          | 12-3456789        | Brand 8      | Box              | 10   |                 | 50    | 2        | 20          | 10.00                   |
| Blue        | CA    | CIGARS     |         |                  | CIGARS              | ABC          | 12-3456789        | Brand 9      | Box              | 100  |                 | 75    | 5        | 500         | 266.25                  |

\* Only required by delivery sellers.

**Delivery Service – Required for Delivery Sellers Only**

| Delivery Service Requested for Delivery Service Only |      | FEIN | Address, City, State, ZIP | Phone Number |
|------------------------------------------------------|------|------|---------------------------|--------------|
|                                                      | Name |      |                           |              |

## Uniform Tobacco Products Transaction Schedule

Reporting Period

Date (YYYY-MM)

2018-08

## Transactions

Include all transactions related to the receipts and disbursements of tobacco products.

Due Date:

File with your Form TT-100.

| Schedule Code | Document |        | Type of Customer | Purchased From, Sold To, Ship/Bill To |                |      |       | Customer FEIN | Customer ID |
|---------------|----------|--------|------------------|---------------------------------------|----------------|------|-------|---------------|-------------|
|               | Date     | Number |                  | Name                                  | Street address | City | State |               |             |
| 1B            | 8-2-8    | inv009 | wholesale        | out of state wholesaler               |                |      |       | 28-888888     | 411-888888  |
|               |          |        |                  | Rockford                              | IL             | USA  |       |               | 12345       |

| Description<br>Fed State | MSA<br>Status | * Price | Tax Jurisdiction | Product<br>Description | Manufacturer | Manufacturer<br>FEIN | Brand Family | Unit<br>Description | Unit | Weight /<br>Volume | Value | Quantity | Stick<br>Count | Extended<br>Taxable Amount |
|--------------------------|---------------|---------|------------------|------------------------|--------------|----------------------|--------------|---------------------|------|--------------------|-------|----------|----------------|----------------------------|
|                          |               |         |                  |                        |              |                      |              |                     |      |                    |       |          |                |                            |
| Small<br>cigar           | cigar         |         |                  | Little Cigs            | ABC          | 12-3456789           | Brand 7      | Box                 | 300  |                    | 10    | 7        | 1400           | 49.70                      |
| Large Cigs               | cigars        |         |                  | Cigars                 | ABC          | 12-3456789           | Brand 8      | Box                 | 10   |                    | 30    | 30       | 300            | 150                        |
| Small<br>cigar           | cigars        |         |                  | Cigars                 | ABC          | 12-3456789           | Brand 9      | Tub                 | 10   |                    | 25    | 50       | 500            | 177.50                     |

|  |                                      |
|--|--------------------------------------|
|  | * Only required by delivery sellers. |
|--|--------------------------------------|

**Delivery Service – Required for Delivery Sellers Only**

| Delivery Service Request for Delivery Service Only |      |                           |              |
|----------------------------------------------------|------|---------------------------|--------------|
| Name                                               | FEIN | Address, City, State, ZIP | Phone Number |
|                                                    |      |                           |              |

## Reporting Period

## Transactions

Date (YYYY-MM)

2018-08

Include all transactions related to the receipts and disbursements of tobacco products.

File with your Form TT-100.

| Description |       | MSA Status | * Price | Tax Jurisdiction | Product Description | Manufacturer | Manufacturer FEIN | Brand Family | Unit Description | Unit | Weight / Volume | Value | Quantity | Stick Count | Extended Taxable Amount |
|-------------|-------|------------|---------|------------------|---------------------|--------------|-------------------|--------------|------------------|------|-----------------|-------|----------|-------------|-------------------------|
| Fed         | State |            |         |                  |                     |              |                   |              |                  |      |                 |       |          |             |                         |
| 11          | cigar |            |         |                  | Litre cigar         | ABC          | 12-3456789        | Brand 7      | Box              | 200  |                 | 12    | 9        | 1800        | 76.68                   |
| 12          | cigar |            |         |                  | cigar               | ABC          | 12-3456789        | Brand 9      | Bag              | 100  |                 | 75    | 5        | 500         | 250                     |
| 11          | cigar |            |         |                  | cigar               | ABC          | 12-3456789        | Brand 8      | Box              | 10   |                 | 50    | 7        | 70          | 35                      |

**Delivery Service – Required for Delivery Sellers Only**

| Name | FEIN | Address, City, State, ZIP | Phone Number |
|------|------|---------------------------|--------------|
|      |      |                           |              |

## Uniform Tobacco Products Transaction Schedule

## Transactions

Reporting Period

Date (YYYY-MM)

2018-08

Include all transactions related to the receipts and disbursements of tobacco products.

File with your Form TT-100.

| Description | Fed State | MSA Status | * Price | Tax Jurisdiction | Product Description | Manufacturer | Manufacturer FEIN | Brand Family | Unit Description | Unit | Weight / Volume | Value | Quantity | Stick Count | Extended Taxable Amount |
|-------------|-----------|------------|---------|------------------|---------------------|--------------|-------------------|--------------|------------------|------|-----------------|-------|----------|-------------|-------------------------|
| Cigar       | CA        | Cigars     | 7 A     | FA               | little cigars       | ABC          | 12-3456789        | Bamd7        | Pak              | 20   |                 | 8     | 40       | 800         | 227.00                  |
| Cigar       | CA        | Cigars     | 7 A     | FA               | cigar               | ABC          | 12-3456789        | Brand 8      | foi              | 10   |                 | 50    | 210      | 2100        | 105                     |
| Cigar       | CA        | Cigars     | 7 A     | FA               | cigar               | ABC          | 12-3456789        | Brand 9      | Bul              | 100  |                 | 75    | 3        | 300         | 150                     |

\* Only required by delivery sellers.

**Delivery Service – Required for Delivery Sellers Only**

| Delivery Services Required for Delivery Centers Only |      |                           |              |
|------------------------------------------------------|------|---------------------------|--------------|
| Name                                                 | FEIN | Address, City, State, ZIP | Phone Number |
|                                                      |      |                           |              |

# Uniform Tobacco Products Transaction Schedule

Include all transactions related to the receipts and disbursements of tobacco products.

## Transactions

Include all transactions related to the receipts and disbursements of tobacco products.

Date (YYYY-MM)

2018-08

| Description<br>Fed | MSA<br>State | * Price | Tax Jurisdiction | Product<br>Description | Manufacturer | Manufacturer<br>FEIN | Brand Family | Unit<br>Description | Unit | Weight /<br>Volume | Value | Quantity | Stick<br>Count | Extended<br>Taxable Amount |
|--------------------|--------------|---------|------------------|------------------------|--------------|----------------------|--------------|---------------------|------|--------------------|-------|----------|----------------|----------------------------|
|                    |              |         |                  |                        |              |                      |              |                     |      |                    |       |          |                |                            |
| 11 CIGARS          | WI           |         |                  | CIGARS                 | ABC          | 123456789            | Brand 7      | Box                 | 200  |                    | 10    | 15       | 3000           | 106.50                     |
| 11 CIGARS          | WI           |         |                  | CIGARS                 | ABC          | 123456789            | Brand 8      | Foi                 | 10   |                    | 50    | 2        | 20             | 10                         |
| 11 CIGARS          | WI           |         |                  | CIGARS                 | ABC          | 123456789            | Brand 9      | BuL                 | 100  |                    | 75    | 1        | 100            | 50                         |

**Delivery Service – Required for Delivery Sellers Only**

| Name | FEIN | Address, City, State, ZIP | Phone Number |
|------|------|---------------------------|--------------|
|      |      |                           |              |