

TOBACCO PRODUCTS TAX REPORT
DEDUCTION RECAP SCHEDULE

Taxpayer FEIN/SSN	Reporting Period	Reporting Number	Tobacco License Number

Wholesaler's Name: _____ Contact Person: _____

Address: _____ Contact Telephone Number: _____

City, State, Zip: _____

A	B	C	D	E	F
Product	Sales to Government (Attach Form 18-8-B)	Out of State Sales (Attach Form 18-8-C)	Other Legal Deductions (Attach Documentation)	Tribal Sales (Total of Forms 18-10's)	Total Deduction
Smoking Tobacco	\$	\$	\$	\$	\$
Chewing Tobacco	\$	\$	\$	\$	\$
Little Cigars					
Class C Cigars					