

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
NON-RESIDENT WHOLESALER CIGARETTE TAX REPORT

For Period beginning _____ and ending _____

NAME _____ LICENSE No. _____

		20's	25's	Other()
TOTAL CIGARETTE PACKAGE SALES				
STAMPED CIGARETTE PACKAGE INVENTORY (END OF PERIOD)	DAMAGED			
	SALEABLE			
TAX INDICIA PURCHASES:		B-STAMPS	A-STAMPS	Other()
	STAMPS			
TAX INDICIA INVENTORY AT END OF PERIOD:		B-STAMPS	A-STAMPS	
	STAMPS			
STAMPED CIGARETTES PACKAGES RETURNED TO MANUFACTURER FOR CREDIT		20's	25's	Other()
ACCOUNTS PAYABLE DUE AS OF THE PERIOD END FOR TAX INDICIA PURCHASES:			\$	

Under penalties of perjury, I declare that I have examined this Report, and to the best of my belief it is true, correct and complete.

 SIGNATURE OF COMPANY OFFICER (IN INK)

 DATE

NH DEPT OF REVENUE ADMINISTRATION
 MAIL AUDIT DIVISION
 TO: PO BOX 457
 CONCORD, NH 03302-0457