CNR-2 (9-99, R-7)

STATE OF NEW JERSEY
DIVISION OF TAXATION
CIGARETTE TAX
PO BOX 187
TRENTON, NJ 08695-0187

SCHEDULE A

NON-RESIDENT DEALERS RECEIPTS OF ALL NEW JERSEY STAMPED CIGARETTES DURING THE MONTH

FID/EIN: _____

Name of Licensee: _____

Month of _____ Year _____

DATE REC'D	INVOICE NUMBER	Received From Name and Address	20's	25's	Roll Your Own Tobacco (in ounces)