Federal ID Number	Taxpayer Name	Address	Address	
Name and Address of the Receiver of Product	Tobacco Products (excluding Liquid Nicotine, Moist Snuff, & Roll- Your-Own)	Liquid Nicotine (fluid milliliter)	Moist Snuff (ounces)	Roll-Your-Own Tobacco
Total				

## INSTRUCTIONS FOR COMPLETING SCHEDULE F TOBACCO PRODUCTS DISTRIBUTED – i.e. samples, etc.

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

Enter the name and address of the receiver of products.

For each receiver, enter the monthly total wholesale price of Tobacco Products distributed for the month.

For each receiver, enter the monthly total fluid milliliters of Liquid Nicotine distributed for the month.

For each receiver, enter the monthly total ounces of Moist Snuff distributed for the month.

For each receiver, enter the monthly total wholesale price of Roll-Your-Own Tobacco distributed for the month.

TOTAL EACH COLUMN AND ENTER THE TOTALS ON LINE 13 OF THE TPT-10 RETURN.