Federal ID Number		Taxpayer Name	Address	City State Zip Code
Name and Address of Supplier		Tobacco Products (excluding Liquid Nicotine, Moist Snuff & Roll- Your-Own)	Liquid Nicotine (fluid milliliter)	Moist Snuff (ounces)
Total				

## INSTRUCTIONS FOR COMPLETING SCHEDULE I TOBACCO PRODUCTS IMPORTED INTO NEW JERSEY

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

Enter the name and address from whom you imported Tobacco Products, Liquid Nicotine, and Moist Snuff from outside the State of New Jersey.

For each supplier, enter the monthly total wholesale price of Tobacco Products (excluding Liquid Nicotine, Moist Snuff and Roll-Your-Own) imported for the month.

For each supplier, enter the monthly total fluid milliliters of Liquid Nicotine imported for the month.

For each supplier, enter the monthly total ounces of Moist Snuff imported for the month.

TOTAL EACH COLUMN AND ENTER THE TOTALS ON LINE 2 OF THE TPT-10 RETURN.