

SCHEDULE E
TOBACCO PRODUCTS
RETURNED FROM CUSTOMER

SECTION I SELLER INFORMATION

Account Number	Period (MM/YY - MM/YY)	FEIN	SSN	Due Date (MM/YY)	
Name or Business Name					
Street Address					
City				State	ZIP Code

SECTION II SMOKELESS TOBACCO

INVOICE DATE	INVOICE NUMBER	PURCHASER'S NAME AND ADDRESS	MANUFACTURER/ PRODUCT DESCRIPTION	UNITS LESS THAN 1.2 OZ.	TAX RATE .66	TOTAL CREDIT DUE	NO OF OZ. 1.2 OR GREATER	TAX RATE .55	TOTAL CREDIT DUE
			TOTAL CREDIT DUE						

SECTION III ROLL-YOUR-OWN/SMOKING TOBACCO

INVOICE DATE	INVOICE NUMBER	PURCHASER'S NAME AND ADDRESS	MANUFACTURER/ PRODUCT DESCRIPTION	UNITS LESS THAN 1.2 OZ.	TAX RATE .66	TOTAL CREDIT DUE	NO OF OZ. 1.2 OR GREATER	TAX RATE .55	TOTAL CREDIT DUE
			TOTAL CREDIT DUE						

SECTION IV E-CIGARETTES/E-CIGARETTE PRODUCTS

INVOICE DATE	INVOICE NUMBER	PURCHASER'S NAME AND ADDRESS	MANUFACTURER/PRODUCT DESCRIPTION	PURCHASE PRICE	TAX RATE 40%	TOTAL CREDIT DUE
			TOTAL CREDIT DUE			

File appropriate schedules with return at mypath.pa.gov.