SCHEDULE A-1

(Rev. 07/00)

Name __

TOBACCO PRODUCTS TAX - RESIDENT DISTRIBUTOR

Record of tobacco products purchased, imported, received or acquired in Connecticut

(Total of Schedule A-1 must be reported on Line 1 of Form OP-300, *Tobacco Products Tax Return*)

Schedule A-1 must be attached to Form OP-300

______ Period Ending _____

Address	CT Tax Registration Number		
"Wholesale Sa	ales Price" means the price at which the taxpayer purchased, imported, received	or acquired the tobacc	o products.
DATE RECEIVED	FROM WHOM PURCHASED OR ACQUIRED	INVOICE NO.	WHOLESALE SALES PRICE
	TOTAL		
TOTAL			