

## Schedule B

### Tobacco Products Tax

(Rev. 05/09)

**Record of tobacco products excluding snuff tobacco products manufactured in Connecticut**

Name \_\_\_\_\_ Period ending \_\_\_\_\_

Address \_\_\_\_\_ CT Tax Registration Number \_\_\_\_\_

Enter the total of Schedule B on Line 2 of **Form OP-300, Tobacco Products Tax Return**. Attach Schedule B to the return.

**Wholesale sales price** means: In the case of a distributor which is the manufacturer of the tobacco products, the price set for these products or if no price has been set, the wholesale value of these products; in the case of a distributor that is not the manufacturer of the tobacco products, the price at which the distributor purchased the products.

Date Manufactured	Products Manufactured	Wholesale Sales Price
<b>Enter this amount on Line 2 of Form OP-300.</b>		<b>Total</b>