



Tobacco Products - Other Than Cigarettes New Inventory - Schedule A

Company		License Number	E-mail Address	
Address		City	State	ZIP Code

New Inventory	Date Received Into Stock (MM/DD/YYYY)	Invoice Number	Invoice Date (MM/DD/YYYY)	From Whom Purchased (Name and Address)	Manufacturer's Invoice Price (Before Discounts and Deals)	Tax
					\$	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid
						<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid
						<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid
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						<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid

Enter total here and on Line 2 of [Form 4387](#) or, if necessary, continue on page 2 (reverse side) of this form



\$
