

Form CG 1502
Out-of-State Cigarette Sales

Name as shown on return	Federal employer identification number (EIN)
Tax period	Permit number

					Number of Cigarettes		
	Invoice Date MM / DD / YYYY	Invoice Number	Customer Name	City	State of	State of	State of
			Balance from previous page CG 1502	→			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20	CG 1502 Column Totals						

***If this is the last page of CG 1502, enter the grand total for all states on line 21.**

***If this is NOT the last page of CG 1502, carry the totals forward to the next page of CG 1502.**

21		Grand total for all states carry to CG 1550, line 7	→	
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