Name	Employer ID No.
Tax Period	Permit Number

Idaho State Tax Commission **FORM CG 1502**

Page		
	of	

OUT-OF-STATE CIGARETTE SALES

				NUMBER OF CIGARETTES			
	INVOICE DATE	INVOICE NUMBER	CUSTOMER NAME	CITY	STATE OF	STATE OF	STATE OF
			Bring the balance forward from previous page CG 1502	>			
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20	CG 1502 Colu	ımn Totals	2 enter the grand total for all s				

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	
	V/////////////////////////////////////	carry to CG 1550, line 7	

Name	Employer ID No.
Tax Period	Permit Number

Idaho State Tax Commission

FORM CG 1502

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	of	

OUT-OF-STATE CIGARETTE SALES

		NVOICE INVOICE DATE NUMBER	CUSTOMER CITY NAME	NUMBER OF CIGARETTES			
	INVOICE DATE			CITY	STATE OF	STATE OF	STATE OF
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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