

Name	Employer ID No.
Tax Period	Permit Number

Idaho State Tax Commission
FORM CG 1501-B

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UNSTAMPED CIGARETTE PURCHASES

LIGGETT & MYERS	Permit Number • 655422
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INVOICE DATE MO / DA / YR	INVOICE NUMBER	NUMBER OF CIGARETTES
	BRING THE BALANCE FORWARD FROM PREVI- OUS PAGE CG 1501-B >	
1 . . .		
2 . . .		
3 . . .		
4 . . .		
5 . . .		
6 . . .		
7 . . .		
8 . . .		
9 . . .		
10 . . .		
11 . . .		
12 . . .		
13 . . .		
14 . . .		
15 . . .		
16 . . .		
17 . . .		
18 . . .		
19 . . .		
20 . . .		
TOTAL		

INVOICE DATE MO / DA / YR	INVOICE NUMBER	NUMBER OF CIGARETTES
	BRING THE BALANCE FORWARD FROM PREVI- OUS PAGE CG 1501-B >	
21 . . .		
22 . . .		
23 . . .		
24 . . .		
25 . . .		
26 . . .		
27 . . .		
28 . . .		
29 . . .		
30 . . .		
31 . . .		
32 . . .		
33 . . .		
34 . . .		
35 . . .		
36 . . .		
37 . . .		
38 . . .		
39 . . .		
40 . . .		
TOTAL		

***If this is the last page for this vendor, carry the total forward to CG 1501-F, Part II Summary.
 *If this is NOT the last page for this vendor, carry the total forward to the next page CG 1501-B.**

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INVOICE DATE MO / DA / YR	INVOICE NUMBER	NUMBER OF CIGARETTES
	BRING THE BALANCE FORWARD FROM PREVI- OUS COLUMN CG 1501-B	>
41	.	.
42	.	.
43	.	.
44	.	.
45	.	.
46	.	.
47	.	.
48	.	.
49	.	.
50	.	.
51	.	.
52	.	.
53	.	.
54	.	.
55	.	.
56	.	.
57	.	.
58	.	.
59	.	.
60	.	.
TOTAL		

INVOICE DATE MO / DA / YR	INVOICE NUMBER	NUMBER OF CIGARETTES
	BRING THE BALANCE FORWARD FROM PREVI- OUS COLUMN CG 1501-B	>
61	.	.
62	.	.
63	.	.
64	.	.
65	.	.
66	.	.
67	.	.
68	.	.
69	.	.
70	.	.
71	.	.
72	.	.
73	.	.
74	.	.
75	.	.
76	.	.
77	.	.
78	.	.
79	.	.
80	.	.
TOTAL		

*If this is the last page for this vendor, carry the total forward to CG 1501-F, Part II Summary.
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