Name	Employer ID No.
Tax Period	Permit Number

### Idaho State Tax Commission

## **FORM CG 1503-A**

Page		
	of	

# **TAX EXEMPT CIGARETTE SALES** TO INDIANS AND THE MILITARY

	NUMBER OF CIGARETTES					CIGARETTES
	INVOICE	INVOICE	CUSTOMER NAME	CITY	INDIAN	MILITARY
	DATE	NUMBER	CUSTOWER NAME	CITT	INDIAN	WILLIARY
			Bring the balance forward from previous page CG 1503A	>		
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20	CG 1503A Co	olumn Totals				

If this is NOT the last page of CG 1503A, carry the totals forward to the NEXT PAGE of CG 1503A. If this is the LAST PAGE of CG 1503A, enter the Grand total on line 21.

21	(1 \////////////////////////////////////		
	carry to CG 1550, line 8	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

Name	Employer ID No.
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### Idaho State Tax Commission

## **FORM CG 1503-A**

Page		
	of	

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If this is NOT the last page of CG 1503A, carry the totals forward to the NEXT PAGE of CG 1503A. If this is the LAST PAGE of CG 1503A, enter the Grand total on line 21.

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	carry to CG 1550, line 8	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	