

**IDAHO TOBACCO PRODUCTS  
OTHER THAN CIGARETTES  
OUT-OF-STATE SALES**

**FORM TB1350B**  
EFO00097  
7-06-07

NAME	EMPLOYER ID NUMBER
TAX PERIOD	PERMIT NUMBER

	INVOICE DATE	INVOICE NUMBER	CUSTOMER NAME	CITY AND STATE	WHOLESALE SALES PRICE
1					\$
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
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24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36	Enter total here and on line 2 of Form 1350 . . . . .				\$