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| Name | Employer ID No. |
| Tax Period | Permit Number |

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| Page | of |
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TAX EXEMPT CIGARETTE SALES TO OTHER WHOLESALERS

| | INVOICE DATE | INVOICE NUMBER | CUSTOMER NAME | CITY | PERMIT NUMBER | NUMBER OF CIGARETTES | |
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| | | | Bring the balance forward from previous page CG 1503B -----> | | | | |
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If this is NOT the last page of CG 1503B, carry the total forward to the NEXT PAGE of CG 1503B.

If this is the LAST PAGE of CG 1503B, enter the total on CG 1550, line 9.

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| Name | Employer ID No. |
| Tax Period | Permit Number ▪ |

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TAX EXEMPT CIGARETTE SALES TO OTHER WHOLESALERS

| | INVOICE DATE | INVOICE NUMBER | CUSTOMER NAME | CITY | PERMIT NUMBER | NUMBER OF CIGARETTES |
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| | | | Bring the balance forward from previous page CG 1503B -----> | | | |
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| 21 | | | | | TOTAL > | |

If this is NOT the last page of CG 1503B, carry the total forward to the NEXT PAGE of CG 1503B.

If this is the LAST PAGE of CG 1503B, enter the total on CG 1550, line 9.