

**Form CG 1503B
Tax Exempt Cigarette Sales to Other
Wholesalers**

Name as shown on return	Federal employer identification number (EIN)
Tax period	Permit number

	Invoice Date MM / DD / YYYY	Invoice Number	Customer Name	City	Permit Number	Number of Cigarettes
			Balance from previous page CG 1503B	—————→		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
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.