CNR-3 (03-14, R-9)

STATE OF NEW JERSEY
DIVISION OF TAXATION
CIGARETTE TAX
PO BOX 187
TRENTON, NJ 08695-0187

SCHEDULE B

NON-RESIDENT DEALERS
NUMBER OF STAMPED CIGARETTES
SOLD IN NEW JERSEY DURING THE MONTH

FID/EIN: ____________________

Name of Licensee: ____________________

Month of ____________________ Year _________

DATE	INVOICE NUMBER	NAME AND ADDRESS (TO WHOM SOLD)	20's	25's	ROLL YOUR OWN TOBACCO (in ounces)
		TOTAL or SUBTOTAL			