CR-7 (1-14, R-12)

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

SCHEDULE F

PURCHASES OF REVENUE STAMPS DURING REPORT MONTH

FID/EIN: _____

Name of Licensee: _____

Month of _____ Year _____

DATE REC'D	INVOICE NUMBER	TAX UNITS Use number of units purchased and not value of stamps			
		Machine Seals $2.70	Hand Stamps $2.70	Machine Seals $3.375	Hand Stamps $3.375
TOTAL or SUBTOTAL					