



Other Tobacco Products Schedule F (Use additional pages if necessary)

Name of reporting out-of-state distributor _____ Account number _____

Name of reporting out-of-state distributor

Other Tobacco Products Returned From an Ohio Customer

For the period of _____

Page _____ of _____

Table with 6 columns: Date Returned, Credit Memo Date, Credit Memo Number, Quantity, Product Description, Wholesale Cost. Includes a summary row for Page total and Grand total.