

Cigarette Sales on Reservations

You must attach copies of the invoices.

Licensee	Address	Minnesota Tax ID Number	Period of Return (mo/yr)	Page _____ of _____
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	Tribe	Date Rec'd	Invoice #	Authorized Retail Store, Address, City, ZIP Code	A — Non-Fee Brands Quantity in Sticks	B — Fee Brands Quantity in Sticks	C — Little Cigars Quantity in Sticks	
	Totals from previous page, if any							
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19	Total cigarettes and little cigars.				19			