



TSR, Tobacco 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	Invoice Number	Date	Authorized Retail Store	Store Location Address City, ZIP Code	Column A Tobacco Products Tax*	Column B Cigar Tax	Column C Moist Snuff Tax	Column D Total Tax (Column A + B + C)
	Total 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 Tobacco Tax								19

*Not including tax on cigar and moist snuff.