

**Schedule E - Part I
 Tobacco Products Tax**

Roll-Your-Own Tobacco Purchased, Acquired, or Shipped into New Jersey During the Month
 READ INSTRUCTIONS FOR PART I AND II CAREFULLY

This schedule must be completed each month unless you check the appropriate box on the Tobacco Products Tax Return (TPT-20). As used in these instructions, participating manufacturer means a tobacco product manufacturer that is a signatory to the Master Settlement Agreement (MSA). For an up-to-date list of participating manufacturers, visit the Division's website at <http://www.state.nj.us/treasury/taxation/> and select Publications, then Cigarette Tax Act Notices and Publications, and then select the List of Participating and Non-participating Manufacturers by Brand.

Taxpayer's Name _____

Period Ending (Month/Year) _____/_____

Taxpayer's Address _____

FEIN _____

Part I - Roll-Your-Own Tobacco Purchased Directly from Participating Manufacturer

Report the total weight of roll-your-own tobacco that you purchased (or had shipped to you in New Jersey) during the month and that you purchased directly from a participating manufacturer, the name, address and Federal Employer Identification Number (FEIN) of the participating manufacturer, and the brands of roll-your-own tobacco. Complete all columns. Attach additional sheets if necessary.

	Participating Manufacturer's Name and Address	Participating Manufacturer's FEIN	Brand(s)	Quantity	Net Weight of Each	Total Weight
1	Subtotal (for this page)					1
2	Total from attached Schedule E, Part I additional sheet(s). Number of Additional Sheet(s) _____.					2
3	Total Part I (Add Lines 1 and 2)					3
4	Total from Part II, Subpart A, Line 3					4
5	Total from Part II, Subpart B, Line 3					5
6	Total weight of roll-your-own tobacco (Add lines 3, 4 and 5)					6

**Schedule E - Part II, SUBPART A
 Tobacco Products Tax**

Roll-Your-Own Tobacco Purchased, Acquired, or Shipped into New Jersey During the Month

Taxpayer's Name _____

Period Ending (Month/Year) _____/_____

Taxpayer's Address _____

FEIN _____

Part II - Roll-Your-Own Tobacco Products Not Purchased Directly from a Participating Manufacturer

SUBPART A - Roll-Your-Own Tobacco Manufactured by a Participating Manufacturer but Not Purchased Directly from the Participating Manufacturer

Report the total weight of roll-your-own tobacco that you purchased (or had shipped to you in New Jersey) during the month that was manufactured by a participating manufacturer, but was not purchased directly from the participating manufacturer. The name, address, and Federal Identification Number (FEIN) of the participating manufacturer and the person from whom you purchased the roll-your-own tobacco ("Supplier") is required. You must also list the brands of roll-your-own tobacco, the quantity, net weight and total weight. Complete all columns. Attach additional sheets if necessary.

Participating Manufacturer's Name, Address, and Federal Identification Number	Brand(s)	Supplier's Name, Address, and Federal Identification Number	Quantity	Net Weight of Each	Total Weight
1	Subtotal (for this page)				1
2	Total from attached Schedule E - Part II additional sheet(s). Number of Additional Sheet(s) _____.				2
3	Total weight of roll-your-own tobacco (Add lines 1 and 2). Enter total on Part I, Line 4.				3

**Schedule E - Part II, SUBPART B
 Tobacco Products Tax**

Roll-Your-Own Tobacco Purchased, Acquired, or Shipped into New Jersey During the Month

Taxpayer's Name _____

Period Ending (Month/Year) _____/_____

Taxpayer's Address _____

FEIN _____

SUBPART B - Roll-Your-Own Tobacco Products Not Manufactured by a Participating Manufacturer

Report the total weight of roll-your-own tobacco that you purchased (or had shipped to you in New Jersey) during the month that was not manufactured by a participating manufacturer, but was not purchased directly from the participating manufacturer, the name, address, and Federal Identification Number (FEIN) of the person from whom you purchased the roll-your-own tobacco ("Supplier"), and the brands of roll-your-own-tobacco. Also report the name, address and FEIN of the nonparticipating manufacturer. Complete all columns. Attach additional sheets if necessary.

- A nonparticipating manufacturer means a tobacco product manufacturer that is not a participating manufacturer and manufactures roll-your-own tobacco intended to be sold in the United States, including roll-your-own tobacco intended to be sold through an importer.
- A first purchaser means a person or other entity that is not a participating manufacturer and is responsible for the roll-your-own tobacco being designated for sale in the United States where the roll-your-own tobacco was not originally intended by its manufacturer to be sold in the United States.

Supplier's Name, Address, and Federal Identification Number		Brand(s)	Nonparticipating Manufacturer's or First Purchaser's Name, Address, and Federal Identification Number	Quantity	Net Weight of Each	Total Weight	
1	Subtotal (for this page)					1	
2	Total from attached Schedule E - Part II, SUBPART B, additional sheet(s). Number of Additional Sheet(s) _____.					2	
3	Total weight of roll-your-own tobacco (Add lines 1 and 2). Enter total on Part I, Line 5.					3	

Schedule E - Part II, SUBPART B - Additional Sheet

Roll-Your-Own Tobacco Purchased, Acquired, or Shipped into New Jersey During the Month

Taxpayer's Name _____

Period Ending (Month/Year) ____/____

Taxpayer's Address _____

FEIN _____

Supplier's Name, Address, and Federal Identification Number	Brand(s)	Nonparticipating Manufacturer's or First Purchaser's Name, Address, and Federal Identification Number	Quantity	Net Weight of Each	Total Weight
Subtotal - Enter subtotal for Part II, SUBPART B - Additional Sheet(s) on Schedule E - Part II, SUBPART B, Line 2.					