



ALABAMA DEPARTMENT OF REVENUE
 SALES, USE & BUSINESS TAX DIVISION • TOBACCO TAX SECTION
 P.O. Box 327555 • Montgomery, AL 36132-7555 • (334) 242-9627
 www.revenue.alabama.gov

File In Duplicate

Schedule C – Report of Out-of-State Sales of Cigarettes

COMPLETE A SEPARATE SCHEDULE FOR EACH STATE WHERE CIGARETTES WERE SOLD

NAME	STATE CIGARETTES TRANSFERRED INTO	For the Month of: _____, _____
DBA	FEIN OR SOCIAL SECURITY NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
ADDRESS	PERMIT NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
CITY	STATE	ZIP
TELEPHONE NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

- Column:**
- (1) Date of shipment or transfer out of state.
 - (2) Indicate method of shipment (DT–Dist. Truck, CC–Common Carrier, PP–Parcel Post, Other).
 - (3) Invoice number of product shipped into another state.
 - (4) Indicate the cigarette brand family.
 - (5) Complete name, address, and city of company or person to whom cigarettes were sold/distributed.
 - (6) Total number of sticks per invoice.
 - (7) Indicate whether shipped cigarettes were tax paid.

(1) DATE	(2) METHOD OF SHIPMENT	(3) INVOICE NUMBER	(4) BRAND FAMILY	(5) TO WHOM SOLD — NAME AND ADDRESS	(6) NUMBER OF CIGARETTES (TOTAL STICKS)	(7) TAX PAID
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
				Subtotal: This Page Only		<input type="checkbox"/> Yes <input type="checkbox"/> No
Grand Total						