R-5604-B(P) (10/19)

LOUISIANA
DEPARTMENT *of* REVENUE

Tobacco Tax
Schedule of Purchases
(for electronic filing only)

Dealer Name _____

Period _____

Address _____

(1) Invoice Date	(1) Invoice Number	(1) Invoice Date rec'd	(2) Vendor or Vendee	(3) Manufacturer	(4) Brand	(5) PM or NPM Product PM	(5) PM or NPM Product NPM	(6) Number of cigarettes	(7) Cigar Mfg.'s list price (up to $120/M)	(8) Cigar mfg.'s list price (over $120/M)	(9) Smoking tobacco mfg.'s list price	(10) Smokeless tobacco mfg.'s list price	(11) Vapor products and e-cigarettes (number of milliliters)	(12) Other tobacco mfg.'s list price
						☐	☐		$	$	$	$		$
						☐	☐							
						☐	☐							
						☐	☐							
						☐	☐							
						☐	☐							
						☐	☐							
						☐	☐							
						☐	☐							
						☐	☐							
						☐	☐							
						☐	☐							
					Total Amount Reported				$	$	$	$		$
								To Line 2	To Line 23A	To Line 23B	To Line 23C	To Line 23D	To Line 23E	To Line 23F

PAID PREPARER USE ONLY	Print Preparer's Name	Preparer's Signature	Date *(mm/dd/yyyy)*	Check ☐ if Self-employed
	Firm's Name ➤		Firm's FEIN ➤	
	Firm's Address ➤		Telephone ➤	

PTIN, FEIN, or LDR Account Number of Paid Preparer

For Office Use Only. ☐