



RETAIL DEALERS OF VAPOR PRODUCTS
Schedule 1 - Excise Tax Paid by Wholesaler
FOR ELECTRONIC FILING ONLY

Filing Period (mm/dd/yyyy)	LDR Account Number
----------------------------	--------------------

A	B	C	D	E	F
Location ID	Invoice Date	Invoice Number	Wholesaler Name	Wholesaler Address	Number of Milliliters of Consumable Vapor Products Excise Tax Paid

Total