R-5608-S1 (1/23)

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	