



ALABAMA DEPARTMENT OF REVENUE
BUSINESS & LICENSE TAX DIVISION • TOBACCO TAX SECTION
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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 □□□□□□□□□□	
ADDRESS	PERMIT NUMBER □□□□□□□□□□	
CITY	STATE	ZIP
		TELEPHONE NUMBER (□□□) □□□□ - □□□□

- 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						