



## TOBACCO PRODUCTS TAX RETURN DEDUCTION RECAP SCHEDULE

OKLAHOMA TAX COMMISSION  
2501 NORTH LINCOLN BOULEVARD  
OKLAHOMA CITY, OK 73194

Taxpayer FEIN/SSN	Return Period	Return Number	Tobacco License Number

Wholesaler's Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Contact Telephone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

A	B	C	D	E	F
Product	Sales to Government (From Invoice)	Out of State Sales	Other Legal Deductions (Attach Documentation)	Tribal Sales	Total Deductions
Smoking Tobacco	\$	\$	\$	\$	\$
Chewing Tobacco	\$	\$	\$	\$	\$
Little Cigars					
Class C Cigars					