

Comanche Nation Tax Commission

P.O Box 1917
Lawton, OK 73502

8-10-09

**TOBACCO RETAILER'S-WHOLESALE'S MONTHLY REPORT OF CIGARETTES
ORDERED**

Taxpayer FEIN/SSN	Reporting Period	Reporting Number	Tobacco Tribal License #

WHOLESALE'S Name: _____ **Smokeshop Name:** _____

Total Number of Invoice _____

Date	AMOUNT	A	B	C	D
		INVOICE NUMBER	CIGARETTES 20'S	CIGARETTES 25'S	

1. TOTALS				
2. 2008 TAX RATE		\$1.50 CARTON	\$1.88 CARTON	
3. 2008 TAX DUE	\$	\$	\$	\$

TOTAL TAX DUE (Add Line 3 Columns A, B, C, and D)	
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****PLEASE ATTACH DETAILED REPORT OF ALL PRODUCTS SOLD****