

First Nation Tobacco Refund Limit Program

Sales of Tax Exempt Tobacco to Status Indians - Schedule A

Retailer's Business Name				Schedule for the Period			04/13		
Certification: I hereby certify that the details shown below are true and correct.				Month		Year			
						NOTE: Changes to quantity must be initialed by the customer.			
Authorized Signature		Title		Date					
Date <i>mm/dd/yy</i>	Status Indian's Name <i>Please Print Name</i>	Signature	Band #	Registration #	Cash Register Transaction #	Cigarettes Total Packages		Loose Tobacco Total Grams	Cigars Total Packages
						25's	20's		
Sub-Total carried forward from previous page									
TOTALS (to be carried forward to next page or if final page for claim period, forward totals to Line 1 of Tobacco Refund Limit Program Retail Dealers form)									