

Other Tobacco Products Schedule F (Use additional pages if necessary)

_____ Account number _____

Name of reporting out-of-state distributor

Other Tobacco Products Returned From an Ohio Customer

For the period of _____

Page _____ of _____

Date Returned	Credit Memo Date	Credit Memo Number	Quantity	Product Description	Wholesale Cost
	İ		-		
	1	I		Page total	
				Grand total	