Ohio | Department of Taxation
P.O. Box 530
Columbus, OH 43216-0530

OTP 4
Rev. 4/09

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

______________________________ Account number ______________
Name of reporting in-state licensed distributor

Sales of Other Tobacco Products Outside the State of Ohio

For the period of ______________ Page _____ of _____

Distributed into the state of ______________

Invoice Date	Invoice Number	Sold to Name – Address	Wholesale Cost
		Page total	
		Grand total	