



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

Account number _____

Name of reporting out-of-state licensed distributor _____

Sales of Other Tobacco Products to Other Ohio Licensed Distributors (on Which You Are Paying the Tax)

Page _____ of _____

For the period of _____

Table with 5 columns: Invoice Number, Invoice Date, Consent Number, Purchaser's Name/Account Number, Wholesale Cost. Includes summary rows for Page total and Grand total.

Instructions for OTP Schedule I

Sales of Other Tobacco Products to Other Ohio Licensed Distributors

(on Which You Are Paying the Tax)

Name of reporting licensed distributor – Name of licensed out-of-state distributor reporting sales into Ohio for resale.

Account number – Ohio Department of Taxation assigned account number to licensed distributor filing report.

Period – Enter the month or quarterly period covered by this report (schedule to be filed even if no sales were made into Ohio).

Invoice number – This is the invoice number of the sales made into Ohio.

Invoice date – The date of the transaction (should be the same date on the invoice).

Consent number – Report the consent number issued by the Ohio Department of Taxation.

Purchaser's name and account number – Name and account number of location purchasing the tobacco products per invoice (this information is available to the public on our Web site at tax.ohio.gov). The selling distributor's invoice should have the wording "Ohio other tobacco product tax paid" along with the selling distributor's account number.

Wholesale cost – This is the wholesale cost of the other tobacco product sold into Ohio.

Page total – This is the sum of the wholesale cost of all transactions reported on this page.

Grand total – This is the sum of the wholesale cost of all page totals (this total should be combined with Schedule H and reported on line 1 on the OTP 6 return).