CDTFA-810-CTI REV. 3 (5-20)

CIGARETTE TAX RECEIPT SCHEDULE

STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION

Page _____ of _____

For detailed instructions, see CDTFA-810-CTE, *Instructions for Preparing Cigarette Tax Schedules*. If additional space is needed, please photocopy the schedule before making entries.

SECTION A - HEADER

(1) COMPANY NAME		(2) ACCOUNT NUMBER		(3) MONTH/YEAR	(4) SCHEDULE CODE
					1C
(5) SELLER NAME		(6) SELLER EIN			
(7) ORIGIN STREET	(8) ORIGIN CITY	(9) ORIGIN STATE	(10) ORIGIN ZIP	(11) ORIGIN COUNTRY	

SECTION B - TRANSACTION

(1) TAX JURISDICTION CODE	(2) MANUFACTURER NAME	(3) MSA	(4) PRODUCT BRAND/VARIANT NAME	(5) UPC	(6) UPC'S UOM	(7) DOCUMENT/ BOL DATE	(8) DOCUMENT/BOL NUMBER	(9) QUANTITY	(10) TOTAL CIGARETTES

FOR REFERENCE ONLY - DO NOT USE
EFFECTIVE MAY 2020 REPORTING PERIOD