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

OTP LC4
Rev. 10/13

Little Cigars Schedule B-LC
(Use additional pages if necessary)

Name of reporting in-state licensed distributor _____ Account number _____

Sales of Little Cigars 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