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

OTP 10
Rev. 4/09

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

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

Tobacco Products Destroyed With Prior Approval

For the period of _____ Page _____ of _____

Date Approval Granted	Date Destroyed	Quantity	Product Description	Wholesale Cost