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

OTP 5
Rev. 4/09

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

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

Other Tobacco Products Returned to the Manufacturer

For the period of _____ Page _____ of _____

Returned Date	Credit Memo Number	Quantity	Product Description	Manufacturer	Wholesale Cost