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

OTP 9
Rev. 4/09

Other Tobacco Products Schedule F

(Use additional pages if necessary)

_____ Account number _____

Name of reporting out-of-state distributor

Other Tobacco Products Returned From an Ohio Customer

For the period of _____ Page _____ of _____

Date Returned	Credit Memo Date	Credit Memo Number	Quantity	Product Description	Wholesale Cost