



Schedule TU

Cigarette Machine Operators' Tubes Used in Machines

Attach to Form RYO-1, Cigarette Machine Operators' Occupation Tax Return.

Step 1: Identify your business

Sheet no. _____ of _____

1 Taxpayer name: _____

3 License no.: CR - _____

2 Account ID: _____

4 Tax period: ____ / ____
Month Year

Step 2: Identify purchases of cigarette tubes used in your cigarette machines

| | Date of Purchase | Type of tube | Tube manufacturer | Address of tube manufacturer | Quantity of tubes |
|----|------------------|--------------|-------------------|------------------------------|-------------------|
| 5 | __/__/__ | _____ | _____ | _____ | _____ |
| 6 | __/__/__ | _____ | _____ | _____ | _____ |
| 7 | __/__/__ | _____ | _____ | _____ | _____ |
| 8 | __/__/__ | _____ | _____ | _____ | _____ |
| 9 | __/__/__ | _____ | _____ | _____ | _____ |
| 10 | __/__/__ | _____ | _____ | _____ | _____ |
| 11 | __/__/__ | _____ | _____ | _____ | _____ |
| 12 | __/__/__ | _____ | _____ | _____ | _____ |
| 13 | __/__/__ | _____ | _____ | _____ | _____ |
| 14 | __/__/__ | _____ | _____ | _____ | _____ |
| 15 | __/__/__ | _____ | _____ | _____ | _____ |
| 16 | __/__/__ | _____ | _____ | _____ | _____ |
| 17 | __/__/__ | _____ | _____ | _____ | _____ |
| 18 | __/__/__ | _____ | _____ | _____ | _____ |
| 19 | __/__/__ | _____ | _____ | _____ | _____ |
| 20 | __/__/__ | _____ | _____ | _____ | _____ |

