Form
**OTP-Schedule 2**
(12-11)

# OTP-Schedule 2
## Intrastate Sales
(Indiana To Indiana)

| Name Of Company | License Number | Month And Year Of Return |
|---|---|---|
| | | |

Provide the license number of the distributor if you transacted business with a licensed Indiana distributor.

| Sold to Company Name | Federal Identification Number | License Number | Street | City | State | Wholesale Price | # of Ounces |
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Total Tobacco Products Wholesale Price

Total Moist Snuff Ounces