



Schedule OR-8, Inhalant Products Tax



Attach this schedule to: Form OR-530 Form OR-531 Form OR-532

Page ____ of ____

Name	License number	Social Security number (SSN)	Period ending	Account number
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Type of schedule (check one)

8A—Untaxed purchases 8B—Credits 8C—Sales

Line No.	Invoice		Purchased from or sold to		Brand name(s)	Column A Wholesale price	Column B Quantity of inhalant products
	Date	Number	Name	State			
1	Balance brought forward						
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20	Page totals. Provide a grand total on the last page of each schedule						