SCHEDULE OF EXEMPT SALES FROM NEW HAMPSHIRE RETAIL DEALERS

Name of APPLICANT : | **Applicant FEIN :**

Application TIME PERIOD :

PRODUCT TYPE: *(a separate schedule must be completed for each product type):*

RETAIL DEALER LOCATION					
(1) BUSINESS NAME	**(2) NH CITY**	**(3) PURCHASER**	**(4) PURCHASER FEIN**	**(5) DATE OF PURCHASE**	**(6) GROSS GALLONS**