

**LOUISIANA**  
DEPARTMENT of REVENUE

**RETAIL DEALERS OF VAPOR PRODUCTS**

Schedule 1

*Excise Tax Paid by Wholesaler*

**PLEASE PRINT OR TYPE**

Company Name	LA Revenue Account Number	Period Ending (mm/dd/yyyy)
--------------	---------------------------	----------------------------

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
Invoice Date	Invoice Number	Wholesaler Name	Wholesaler Address	Number of Milliliters of Consumable Vapor Products Excise Tax Paid
<b>Total</b>				

**Instructions:** List invoices for consumable vapor products purchased from wholesalers who paid the excise tax. Indicate the number of milliliters of consumable vapor product in the space provide. Enter the total amount of milliliters on Form R-5608, Line 4.