Clear Form

OREGON DEPARTMENT OF REVENUE

Oregon Schedule C—Tax Exempt Cigarette Distribution Report

File with your Cigarette Distributor Quarterly Reconciliation Report

Cigarettes Shipped To: _____

Distributor	License number	Business identification number (BIN)	Quarter ending

List all tax exempt cigarette distributions			Column A 20-pack		Column B 25-pack		Column C Total	
Date of sale	Name and address of purchaser	Invoice number	Stamped	Unstamped	Stamped	Unstamped	Stamped	Unstamped
		TOTALS (all columns)						

150-105-052 (Rev. 07-10)

Attach additional schedules if needed.

Please retain a copy of each schedule for your records.

Carry totals from all columns to the Quarterly Reconciliation Report, Part 1, line 5.