

**Oregon**  
**In-state Cigarette Distributor**  
**Quarterly Reconciliation Report**  
**Tax Year 2016**



Form  
**511-I**

For Revenue use only
Date received

Due date is by the 20th day following this reporting period.  
 The report must be filed quarterly, even if there is no activity during the quarter.

Quarter ending	License number	Federal employer ID number (FEIN)	Business ID number (BIN)	Account number
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Distributor

Address	City	State	ZIP code
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	20-pack	25-pack
<b>Part 1 – Cigarette stock summary</b>	Number of packs	Number of packs
1. Beginning inventory of unstamped cigarettes (from line 3, previous return).		
2. Total cigarettes received from manufacturers (attach Schedule A, <i>Report of Cigarettes Received</i> , 150-105-053).		
3. Subtract ending inventory of unstamped cigarettes (include those cigarettes with other states' stamps affixed).		
4. Total cigarettes distributed during reporting period.		
5. Subtract cigarette distribution and prestamped cigarettes (attach Schedule C, <i>Cigarette Distribution Report</i> , 150-105-052).		
6. Oregon taxable distribution.		
<b>Part 2 – Quantity of unaffixed stamps</b>	Number of stamps	Number of stamps
7. Beginning quantity of unused stamps (from line 9, previous return).		
8. "Total quantity of stamps purchased" from the Stamp Purchase Schedule on page 2.		
9. Subtract ending quantity of unused stamps.		
10. Subtotal quantity of stamps used during reporting period.		
11. Subtract quantity of stamps that were verified as canceled and refunded by a Department of Revenue agent.		
12. Total quantity of stamps used during reporting period.		
13. Difference: Line 6 minus line 12.		

Under penalties for false swearing [ORS 305.990(4)], I declare that I have examined this report, including accompanying schedules and statements. To the best of my knowledge and belief, it is true, correct, and complete.

Signature X	Date
Title	Phone

**Send to:** Cigarette Tax, Oregon Department of Revenue, PO Box 14110, Salem OR 97309-0910

