



Oregon
Out-of-State Cigarette Distributor
Quarterly Reconciliation Report
Tax Year 2015

Department of Revenue use only
Date received

Due date is on or before the 20th day following this reporting period

This form is for use by Oregon-licensed distributors whose business firm is located outside Oregon. The report must be filed quarterly, regardless of whether there is activity in the quarter.

Quarter ending ●	License number ●	Federal employer identification number (FEIN) ●	Business identification number (BIN)
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Distributor

Address	City	State	ZIP code
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	20-pack	25-pack
A. Oregon taxable distribution	Number of packs	Number of packs
1. Number of cigarette packs shipped into Oregon this period.		
2. Subtract beginning inventory of stamped packs.		
3. Add ending inventory of stamped packs.		
4. Total number of packs stamped this period.		
B. Oregon stamp reconciliation	Number of stamps	Number of stamps
1. Beginning inventory of unused Oregon stamps (from line 4, previous return).		
2. "Total quantity of Stamps Purchased" from Stamp Purchase Schedule on page 2.		
3. Add lines 1 and 2.		
4. Ending inventory of unused Oregon stamps.		
5. Total quantity of Oregon stamps used during reporting period (line 3 minus line 4).		

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 of distributor X	Date
Title	Phone

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

