



Oregon Schedule C—Cigarette Distribution Report

File with your *Cigarette Distributor Quarterly Reconciliation Report*



Cigarettes shipped to: _____

Out-of-state distributor (sales into Oregon).

In-state distributor [shipments of cigarettes out of Oregon jurisdiction; for example: (1) shipments out of state, (2) returns to suppliers, (3) sales to federal military installations].

Distributor	License number	Business identification number (BIN)	Quarter ending
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List all cigarette distributions			Column A 20-pack			Column B 25-pack		
Date of sale	Name and address of purchaser	Invoice number						
			Non-Oregon stamped	Unstamped	Total	Non-Oregon stamped	Unstamped	Total

Attach additional schedules if needed.	20-pack Totals		25-pack Totals	
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Keep a copy of each schedule for your records.

In-state distributors carry totals to Form 511-I, *In-State Cigarette Distributor Quarterly Reconciliation Report*, 150-105-051, part 1, line 5.
 Out-of-state distributors carry totals to Form 511-O, *Out-of-State Cigarette Distributor Quarterly Reconciliation Report*, 150-105-057, part A, line 1.