Clear Form

OREGON DEPARTMENT OF REVENUE

# Schedule OR-A, Report of Cigarettes Received

File with your Form OR-511-IN

03411701010000

| Distributor | License number | Business ID number (BIN) | Quarter ending |
|---|---|---|---|
| | | | |

**List all manufacturers and suppliers who supplied you with cigarettes for distribution**

| Date | Manufacturer or supplier | Invoice number | **Column A** Number of cigarettes 20-pack | **Column B** Number of cigarettes 25-pack |
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| | | **Totals** (all columns) | | |

Attach additional schedules if needed.

Carry totals from all columns to Form OR-511-IN, part 1, line 2.

**Keep a copy of each schedule for your records.**

150-105-053 (Rev. 12-16)