Clear Form

OREGON DEPARTMENT OF REVENUE

Schedule OR-C, Cigarette Distribution Report

File with your Form OR-511-IN or OR-511-OUT

03401701010000

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

List all cigarette distributions

Date of sale	Name and address of purchaser	Invoice number	**Column A** 20-pack			**Column B** 25-pack		
			Non-Oregon stamped	Unstamped	Total	Non-Oregon stamped	Unstamped	Total
				20-pack Totals			**25-pack Totals**	

Attach additional schedules if needed.

Keep a copy of each schedule for your records.

In-state distributors carry totals to Form OR-511-IN, part 1, line 5.

Out-of-state distributors carry totals to Form OR-511-OUT, part A, line 1.