OREGON DEPARTMENT OF REVENUE

Schedule A—Report of Cigarettes Received

File with your Cigarette Distributor Quarterly Reconciliation Report

Clear Form

Distributor	License number	Business ID number (BIN)	Quarter ending

List all manufacturers and suppliers who supplied cigarettes to you for distribution			Column A Number of cigarettes 20-pack	Column B Number of cigarettes 25-pack	Column C Total
Date	Manufacturer or supplier	Invoice number			
		TOTALS (all columns)			

150-105-053 (Rev. 02-11)

Attach additional schedules if needed.

Please retain a copy of each schedule for your records.

Carry totals from all columns to the Quarterly Reconciliation Report, Part 1, line 2.