Clear Form

OREGON DEPARTMENT OF REVENUE

Schedule A—Report of Cigarettes Received

File with your *Cigarette Distributor Quarterly Reconciliation Report*

03411601010000

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
		Totals (all columns)		

Attach additional schedules if needed.

Carry totals from all columns to Form 511-I, *In-State Cigarette Distributor Quarterly Reconciliation Report,* 150-105-051, part 1, line 2.

Keep a copy of each schedule for your records.

150-105-053 (Rev. 12-15)