



**Oregon**  
**Out-of-State Cigarette Distributor**  
**Quarterly Reconciliation Report**  
**Tax Year 2014**

<b>Department of Revenue Use Only</b>
Date received

Quarter ending \_\_\_\_\_ Due date \_\_\_\_\_

This form is for use by Oregon-licensed distributors whose business firm is located outside Oregon. The report must be filed quarterly, regardless of whether there is activity in the quarter.

Federal employer identification no. (FEIN)	License number	Business identification no. (BIN)	Program code	Year	Period	Liability
-			<b>511</b>	<b>14</b>	<b>03</b>	<b>1</b>
Distributor						
Address (street)		City	State	ZIP code		

<b>A. Oregon taxable distribuion</b>	<b>20-pack</b>	<b>25-pack</b>
1. Number of cigarette packs shipped into Oregon this period.		
2. Subtract beginning inventory of stamped packs.		
3. Add ending inventory of stamped packs.		
4. Total number of packs stamped this period.		
<b>B. Oregon stamp reconciliation</b>	<b>\$1.31 Stamps</b>	<b>\$1.6375 Stamps</b>
1. Beginning inventory of unused Oregon stamps (from line 4, previous return)		
2. Number of stamps purchased during this quarterly reporting period (list by date and quantity)	Date	
	Date	
3. Total of line 1 and line 2		
4. Ending inventory of unused Oregon stamps	( )	( )
5. Total Oregon stamps used during reporting period (line 3 minus line 4)		

Under penalties for false swearing, I declare that I have examined this return, including any accompanying schedules and statements. To the best of my knowledge and belief it is true, correct, and complete.

Signature of distributor <b>X</b>	Title	Telephone number ( )	Date / /
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**File this form on or before the 20th day following this reporting period.**

**Send to: Cigarette Tax, Oregon Department of Revenue, PO Box 14110, Salem OR 97309-0910**



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