Form OR-511-IN

Oregon In-state Cigarette Distributor Quarterly Reconciliation Report Tax Year 2017



For Revenue use only			
Date received			

Due date is by the 20th day following this reporting period.

The report must be filed quarterly, even if there is no activity during the quarter.

Qua	arter ending	License number	Federal er	mployer ID number (FEIN)	Business ID number (BII	N)	Account number
Dist	ributor						
Address				City		State	ZIP code
				20-pa	ack		25-pack
Part 1—Cigarette stock summary				Number of packs		Number of packs	
1.	Beginning inventory of unstamped cigarettes (from line 3, previous return).						
2.	Total cigarettes received f Schedule OR-A).	rom manufacturers (attach				
3.	Subtract ending inventory those cigarettes with other						
4.	Total cigarettes distributed	d during reporting pe	eriod.				
5.	Subtract cigarette distributi (attach Schedule OR-C).	on and prestamped of	igarettes				
6.	Oregon taxable distribution	n.					
Da	rt 2—Quantity of unaffixed	d etamne		Number of	fictamps		umber of stamps
7.			e 9, previous	Number of	stamps		uniber of stamps
8.	"Total quantity of stamps purchase schedule on page		stamp				
9.							
10.	Subtotal quantity of stamp	os used during repor	ting period.				
11.	Subtract quantity of stam and refunded by a Depart						
12.	Total quantity of stamps u	sed during reporting	period.				
13.	Difference: Line 6 minus li	ne 12.					
	der penalties for false swea d statements. To the best o					accomp	anying schedules
Sigr X	nature				Date		
Title	;				Phone		

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

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Stamp purchase schedule

Quantity of stamps purchased during this quarterly reporting period

(list by date and quantity)

Date purchased	20-pack Number of stamps	25-pack Number of stamps
Total quantity of stamps purchased for this quarter		