

Form
OR-511-IN

**Oregon
In-state Cigarette Distributor
Quarterly Reconciliation Report
Tax Year 2020**



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.

Quarter ending	License number	Federal employer ID number (FEIN)	Account number
----------------	----------------	-----------------------------------	----------------

Distributor

Address	City	State	ZIP code
---------	------	-------	----------

	20-pack	25-pack
Part 1—Cigarette stock summary	Number of packs	Number of packs
1. Beginning inventory of unstamped cigarettes (from your previous return).		
2. Add cigarettes received from manufacturers and suppliers (attach Schedule OR-CIG-A).		
3. Add customer returns (unstamped and other state stamped).		
4. Subtract ending inventory of unstamped cigarettes (include those cigarettes with other states' stamps affixed).		
5. Total cigarettes distributed during reporting period.		
6. Subtract tax-exempt cigarette distribution and prestamped cigarettes (attach Schedule OR-CIG-C).		
7. Oregon taxable distribution.		
Part 2—Quantity of unaffixed stamps	Number of stamps	Number of stamps
8. Beginning quantity of unused stamps (from your previous return).		
9. Add "total quantity of stamps purchased" from the stamp purchase schedule on page 2.		
10. Subtract ending quantity of unused stamps.		
11. Subtotal quantity of stamps used during reporting period.		
12. Subtract quantity of stamps that were verified as canceled and refunded by a Department of Revenue agent.		
13. Total quantity of stamps used during reporting period.		
14. Difference: Line 6 minus line 13.		

Under penalties for false swearing [ORS 305.990(4)], I declare that I have examined this report, including accompanying schedules and statements. To the best of my knowledge and belief, it is true, correct, and complete.

Signature X	Date
Title	Phone () -

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



03392001020000

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		