## Form OR-511-OUT

## Oregon Out-of-state Cigarette Distributor Quarterly Reconciliation Report Tax Year 2019



Revenue use only					
Date received					

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

This form is for use by an Oregon-licensed distributor whose warehouse is located outside Oregon.

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

Quarter ending		License number	Federal employer ID	Federal employer ID number (FEIN)		Account number	
Distr	ributor						
Addı	ress		City			State ZIP code	
				20-pack	ς	25-pack	
Par	t 1—Oregon taxa	ble distribution		Number of pa	acks	Number of packs	
1.	Number of cigarett	te packs shipped into Oregor	n this period.				
2.	Subtract beginning	g inventory of stamped packs	S.				
3.	Add ending inventor	ory of stamped packs.					
4.	Subtract stamped	product received, such as cu	ustomer returns.				
5.		lucts: (i) Returned to Manufaces; (iii) destroyed affixed stan					
6.	Total number of pa	cks stamped this period.					
Par	t 2–Oregon stan	np reconciliation					
7.		of unused stamps (equal to	the ending quantity				
8.	Add "total quantity schedule on page	of stamps purchased" from t 2.	he stamp purchase				
9.	Subtract ending qu	uantity of unused stamps.					
10.	Subtotal quantity of	of stamps used during reporti	ing period.				
11.		of stamps that were verified a artment of Revenue agent.	as cancelled and				
12.	Total quantity of st	amps used during reporting	period.				
13.	Difference: Line 6 r	minus line 12.					
stat		e swearing [ORS 305.990(4)], of my knowledge and belief,			rt, including acc	companying schedules an	
X							
Title				Phone (	e ) –		

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



## Stamp purchase schedule Quantity of stamps purchased during this quarterly reporting period (List by date and quantity)

Date purchased	<b>20-pack</b> Number of stamps	<b>25-pack</b> Number of stamps
Total quantity of stamps purchased for this quarter		