

## **Oregon Schedule C—Cigarette Distribution Report**

DEPARTMENT OF REVENUE		File with your Cigarette Distributor Quarterly Reconciliation Report										
	TREVENOE	Cigarett	tes Shipped	d To:								
☐ Out-of-st	tate distributor (use Sched	ule C to report s	ales into Oregon).									
☐ In-state	distributor (use Schedule C	to report shipm	ents of cigarettes	out of Oregon jurisdict	tion, for exa	ample: (1) Sh	nipments out of state, (	2) Returns to suppliers	, (3) Sales to	federal mi	litary installations).	
Distributor						License number		Business identification number (BIN) Quarter ending				
List all cigarette distributions				Colu	Column A		Column B		Column C			
Date of sale	Name and a of purcha		Invoice number	20-pack			25-pack		Total			
				Stamped	d Unstamped		Stamped Unstamped		Stamped Unstamped		Unstamped	
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150-105-052 (Rev. 12-12)

Attach additional schedules if needed.

TOTALS (all columns)