Clear Form

OREGON DEPARTMENT OF REVENUE

Schedule OR-CIG-A, Report of Cigarettes Received

File with your Form OR-511-IN

03410001010000

Distributor	License number	Quarter ending

List all manufacturers and suppliers who supplied you with cigarettes for distribution

Date	Purchased from (unstamped)	Returned by (unstamped or another state's stamp)	Manufacturer or supplier	Invoice number	**Column A** Number of cigarettes 20-pack	**Column B** Number of cigarettes 25-pack
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	☐	☐				
	☐	☐				
	☐	☐				
	☐	☐				
	☐	☐				
	☐	☐				
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	☐	☐				
Attach additional schedules if needed.				**Totals** (all columns)		

Carry totals from purchases to Form 511-In, Part 1, line 2. Carry totals from customer returns to Form 511-In, Part 1, line 3.

Keep a copy of each schedule for your records.

150-105-053 (Rev. 12-18)