



Schedule OR-A, Report of Cigarettes Received

File with your Form OR-511-IN



Distributor	License number	Quarter ending
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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
	<input type="checkbox"/>	<input type="checkbox"/>				
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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.