



In-State Cigarette Distributor Quarterly Reconciliation Report Tax Year 2013

Mail this return to:
Cigarette Tax
Oregon Department of Revenue
PO Box 14110
Salem OR 97309-0910

Department use only
Date received

Quarter Ending _____ Due Date _____

Distributor			Federal employer ID no. (FEIN)	License number	Business ID number (BIN)	Program	Year	Period	Liability
Street address			-			511	13	03	1
City	State	ZIP code				20-pack cigarettes		25-pack cigarettes	

Part 1 – Cigarette Stock Summary

	Number of packs	Number of packs
1. Beginning inventory of unstamped cigarettes (from line 3, previous return) (include those cigarettes with other states' stamps affixed)		
2. Total cigarettes received from manufacturers (attach Schedule A, form 150-105-053)		
3. Subtract ending inventory of unstamped cigarettes (include those cigarettes with other states' stamps affixed)		
4. Total cigarettes distributed during reporting period		
5. Subtract cigarette distribution and prestamped cigarettes (attach Schedule C, form 150-105-052)		
6. Oregon Taxable Distribution		

Part 2 – Tax Value of Unaffixed Stamps

	\$1.18 stamps	\$1.475 stamps
7. Beginning inventory tax value of unused stamps (from line 9, previous return)	\$	\$
8. Tax value of stamps purchased during reporting period	\$	\$
9. Subtract ending inventory tax value of unused stamps	\$	\$
10. Total tax value of stamps used during reporting period	\$	\$
11. Subtract tax value of stamps cancelled by an agent of the department during reporting period (use gross tax value from 150-105-029, <i>Cigarette Tax Refund Certificate</i>)	\$	\$
12. Total tax value of stamps used during reporting period (total tax paid)	\$	\$
13. Total tax due (line 6 x pack rate \$1.18 or \$1.475)	\$	\$
14. Difference: Line 13 minus line 12	\$	\$

Under penalties for false swearing, 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	Title	Telephone number ()	Date / /
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Street address	-			511	13	06	1
City	State	ZIP code	20-pack cigarettes		25-pack cigarettes		

Part 1 – Cigarette Stock Summary	Number of packs	Number of packs
1. Beginning inventory of unstamped cigarettes (from line 3, previous return) (include those cigarettes with other states' stamps affixed)		
2. Total cigarettes received from manufacturers (attach Schedule A, form 150-105-053)		
3. Subtract ending inventory of unstamped cigarettes (include those cigarettes with other states' stamps affixed)		
4. Total cigarettes distributed during reporting period		
5. Subtract cigarette distribution and prestamped cigarettes (attach Schedule C, form 150-105-052)		
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Part 1 – Cigarette Stock Summary

	Number of packs	Number of packs
1. Beginning inventory of unstamped cigarettes (from line 3, previous return) (include those cigarettes with other states' stamps affixed)		
2. Total cigarettes received from manufacturers (attach Schedule A, form 150-105-053)		
3. Subtract ending inventory of unstamped cigarettes (include those cigarettes with other states' stamps affixed)		
4. Total cigarettes distributed during reporting period		
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Part 1 – Cigarette Stock Summary

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2. Total cigarettes received from manufacturers (attach Schedule A, form 150-105-053)		
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