

STATE OF DELAWARE
 DIVISION OF REVENUE
 820 NORTH FRENCH ST.
 P.O. BOX 2340
 WILMINGTON, DE 19899
 TELEPHONE: 302-577-8675

**FORM TP-1
 WHOLESALE DEALER'S
 MONTHLY REPORT OF
 OTHER TOBACCO PRODUCTS**

FOR OFFICE USE ONLY REVENUE CODE: 0036-01

REPORT FOR THE MONTH/YEAR OF

MM | YY

NAME:	
ADDRESS:	
CITY:	
STATE:	ZIP CODE:
TELEPHONE NUMBER:	
FAX NUMBER:	

EMPLOYER IDENTIFICATION NUMBER:

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OR SOCIAL SECURITY NUMBER:

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NO NON-PARTICIPATING MANUFACTURER PRODUCTS SOLD INTO DELAWARE: NO IF YES, COMPLETE SCHEDULE NPM

LINE NUMBER	TOBACCO PRODUCTS ACCOUNT	TOTAL	
1 (Complete Schedule OTP-A)	RESIDENT DISTRIBUTOR WHOLESAL PRICE OF TOBACCO PRODUCTS PURCHASED AND BROUGHT INTO DELAWARE OR MANUFACTURED IN DELAWARE		
2 (Complete Schedule OTP-B)	WHOLESALE PRICE PAID FOR TOBACCO PRODUCTS SOLD TO OUT OF STATE WHOLESALERS AND RETAILERS	()	
3 (Complete Schedule OTP-E)	NONRESIDENT DISTRIBUTOR WHOLESAL PRICE OF TOBACCO PRODUCTS SOLD TO DELAWARE WHOLESAL AND RETAIL DEALERS		
4 (Complete Schedule OTP-C)	WHOLESALE PRICE OF TOBACCO PRODUCTS RETURNED TO MANUFACTURER	()	
5 (Complete Schedule OTP-D)	WHOLESALE PRICE OF TOBACCO PRODUCTS SOLD TO EXEMPT ORGANIZATIONS	()	
6	TOTAL	()	
7	LINE 6 x (0.30)		
8	TOTAL OUNCES OF TAXABLE MOIST SNUFF x (0.92)		
9	TOTAL FLUID MILLILITERS OF VAPOR PRODUCT x (0.05) (SEE INSTRUCTIONS)		
10	TOTAL TAX DUE		
SCHEDULE		CIGARETTE EQUIVALENT	OTHER OUNCES
NPM	PRODUCTS PURCHASED FROM NON-PARTICIPATING MANUFACTURER		

THIS REPORT AND SCHEDULES OTP-A, OTP-B, OTP-C, OTP-D, OTP-E, OTP-F AND NPM-RYO ARE TO BE FILED WITH THE: DELAWARE DIVISION OF REVENUE, P.O. BOX 2340, WILMINGTON, DE 19899 ON OR BEFORE THE 20TH DAY OF EACH MONTH FOR THE PRECEDING MONTH

AFFADAVIT: I hereby swear under penalty of perjury that the foregoing return has been examined by me and that all information contained herein, including any accompanying schedules is true and correct; and that this constitutes a complete return for the month stated, pursuant to law. I also swear that the licensee is in compliance with UNFAIR CIGARETTE SALE ACT, Chapter 26 of Title 6 of the Delaware Code.

SIGNATURE OF LICENSEE OR OFFICER

TITLE

DATE

PHONE NUMBER



**SCHEDULE NPM
 CIGARETTE SALES OF
 NON-PARTICIPATING MANUFACTURER BRANDS**

REPORT FOR THE MONTH/YEAR OF MM | DD

BUSINESS NAME: _____
 ADDRESS: _____
 CONTACT PERSON: _____
 TELEPHONE: _____

EMPLOYER IDENTIFICATION NUMBER:

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OR SOCIAL SECURITY NUMBER:

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BRAND NAME	NUMBER OF CIGARETTE PACKS SOLD		OUNCES OF RYO	NON-PARTICIPATING MANUFACTURER NAME & ADDRESS	NAME & ADDRESS OF THE PERSON(S) FROM WHOM EACH BRAND WAS PURCHASED	NAME & ADDRESS OF THE FIRST IMPORTER OF FOREIGN MANUFACTURED BRANDS
	20'S	25'S				

I certify that the above stated information is true and correct

_____ Signature

_____ Date

