

STATE OF DELAWARE
 DIVISION OF REVENUE
 RESIDENT WHOLESALE DEALER'S
 MONTHLY REPORT OF
 CIGARETTE AND CIGARETTE TAX STAMPS

FOR OFFICE USE ONLY REVENUE CODE: 0035-02

REPORT FOR THE MONTH OF MM | YY

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

EMPLOYER IDENTIFICATION NUMBER:

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OR SOCIAL SECURITY NUMBER:

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

PACKAGES OF CIGARETTES

SCHEDULE	CIGARETTE ACCOUNT	20'S	25'S	TOTAL
	ON HAND AT BEGINNING OF MONTH (STAMPED)			
	ON HAND AT BEGINNING OF MONTH (UNSTAMPED)			
1074-A	RECEIVED FROM MANUFACTURERS (STAMPED)			
1074-B	RECEIVED FROM MANUFACTURERS (UNSTAMPED)			
1074-C	RECEIVED FROM OTHER THAN MNFR (STAMPED)			
1074-B	RECEIVED FROM OTHER THAN MNFR (UNSTAMPED)			
	SOLD IN DELAWARE			
1074-C	SOLD TO DELAWARE AFFIXING AGENTS			
1074-D	SOLD OUTSIDE DELAWARE			
1074-E	SOLD TO EXEMPT ORGANIZATIONS IN DELAWARE			
NPM	PRODUCTS PUCHASED FROM NPM			
	DESTROYED, LOST OR STOLEN (STAMPED)			
	DESTROYED, LOST OR STOLEN (UNSTAMPED)			
	RETURNED TO MANUFACTURERS (STAMPED)			
	RETURNED TO MANUFACTURERS (UNSTAMPED)			
	INVENTORY AT END OF MONTH (STAMPED)			
	INVENTORY AT END OF MONTH (UNSTAMPED)			
	STAMP ACCOUNT			
		\$2.10	\$2.63	
	ON HAND BEGINNING OF MONTH (UNAFFIXED)			
	RECEIVED FROM DOR DURING MONTH			
	SUBTOTAL			
	STAMPS AFFIXED DURING MONTH	()	()	
	ON HAND AT END OF MONTH (UNAFFIXED)			

For taxable periods after 8/31/2017

THIS REPORT AND SCHEDULES 1074A, 1074B, 1074C, 1074D, 1074E AND NPM-CIG 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, BY EVERY WHOLESALE IN DELAWARE. WHOLESALE DEALERS WHO HAVE A DELAWARE PERMIT BUT WHO ARE SITUATED OUTSIDE DELAWARE MUST FILE MONTHLY REPORTS ON FORM 1075



DF0117019999

AFFIDAVIT: 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 or statements, is true and correct; and that this constitutes as a complete return for the month slated, pursuant to law, i also swear that the licensee is in compliance with the UNFAIR CIGARETTE SALE ACT, Chapter 26 of Title 6 of the Delaware Code.

SIGNATURE OF LICENSEE OR OFFICER THEREOF

TITLE

DATE

FORM 1074-A
RESIDENT WHOLESALER
CIGARETTES RECEIVED FROM MANUFACTURERS

REPORT FOR THE MONTH OF MM | YY

EMPLOYER IDENTIFICATION NUMBER:

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OR SOCIAL SECURITY NUMBER:

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NAME



DF0117029999

DATE RECEIVED	INVOICE NUMBER	DELIVERY CARRIER	NAME AND ADDRESS OF MANUFACTURER	STAMPED		UNSTAMPED		
				20'S	25'S	20'S	25'S	
				TOTAL				

FORM 1074-B
RESIDENT WHOLESALER
CIGARETTES RECEIVED FROM OTHER THAN MANUFACTURER

REPORT FOR THE MONTH OF MM | YY

EMPLOYER IDENTIFICATION NUMBER:

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OR SOCIAL SECURITY NUMBER:

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NAME



DF0117039999

DATE	NAME AND ADDRESS	STAMPED		UNSTAMPED	
		20'S	25'S	20'S	25'S
TOTAL					

FORM 1074-C
RESIDENT WHOLESALER
CIGARETTES SOLD TO DELAWARE AFFIXING ANGENTS

REPORT FOR THE MONTH OF MM | YY

EMPLOYER IDENTIFICATION NUMBER:

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OR SOCIAL SECURITY NUMBER:

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NAME



DF0117049999

DATE	NAME AND ADDRESS	STAMPED		UNSTAMPED	
		20'S	25'S	20'S	25'S
TOTAL					



FORM 1074-D
RESIDENT WHOLESALER
CIGARETTES SOLD OUTSIDE DELAWARE

REPORT FOR THE MONTH OF MM | YY

EMPLOYER IDENTIFICATION NUMBER:

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OR SOCIAL SECURITY NUMBER:

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NAME



DF0117059999

DATE	NAME AND ADDRESS	20'S	25'S	TOTAL
		TOTAL		



FORM 1074-E
RESIDENT WHOLESALER
CIGARETTES SOLD TO EXEMPT ORGANIZATIONS

REPORT FOR THE MONTH OF MM | YY

EMPLOYER IDENTIFICATION NUMBER:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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OR SOCIAL SECURITY NUMBER:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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NAME



DF0117069999

DATE	NAME AND ADDRESS	20'S	25'S
		TOTAL	

SCHEDULE NPM
CIGARETTE SALES OF
NON-PARTICIPATING MANUFACTURER BRANDS

BUSINESS NAME & ADDRESS:

CONTACT PERSON:

TELEPHONE NUMBER:



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