

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

| | | |
|----------|---------------------------------|-------------|
| NAME: | EMPLOYER IDENTIFICATION NUMBER: | |
| ADDRESS: | REPORT FOR MONTH OF: | |
| CITY: | TELEPHONE NUMBER: | |
| STATE: | ZIP CODE: | FAX NUMBER: |

NO NON-PARTICIPATING MANUFACTURER 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-A | RECEIVED FROM MANUFACTURERS (UNSTAMPED) | | | |
| 1074-B | 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 PURCHASED 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 | STAMPS | | |
| | | \$1.60 | \$2.00 | |
| | ON HAND BEGINNING OF MONTH (UNAFFIXED) | | | |
| | RECEIVED FROM DOR DURING MONTH | | | |
| | SUBTOTAL | | | |
| | STAMPS AFFIXED DURING MONTH | () | () | |
| | ON HAND AT END OF MONTH (UNAFFIXED) | | | |

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 WHOLESALER IN DELAWARE. WHOLESALE DEALERS WHO HAVE A DELAWARE PERMIT BUT WHO ARE SITUATED OUTSIDE DELAWARE MUST FILE MONTHLY REPORTS ON FORM 1075



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 or statements 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 the UNFAIR CIGARETTE SALE ACT, Chapter 26 of Title 6 of the Delaware Code.

SIGNATURE OF LICENSEE OR OFFICER THEREOF

TITLE

DATE

NAME: _____

EMPLOYER IDENTIFICATION NUMBER: _____

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



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

NAME: _____

EMPLOYER IDENTIFICATION NUMBER: _____

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



FORM 1074-D
RESIDENT WHOLESALER
CIGARETTES SOLD OUTSIDE DELAWARE

NAME: _____

EMPLOYER IDENTIFICATION NUMBER: _____

| DATE | NAME | ADDRESS | 20'S | 25'S | TOTAL |
|------|------|---------|------|------|-------|
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**SCHEDULE NPM
CIGARETTE SALES OF
NON-PARTICIPATING MANUFACTURER BRANDS**

MONTH OF _____, 20__

BUSINESS NAME & ADDRESS: _____

EMPLOYER IDENTIFICATION NUMBER: _____

CONTACT PERSON: _____

TELEPHONE NUMBER: _____

| 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 | | | | |
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I certify that the above stated information is true and correct. _____

Signature

_____ *Date*

