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

|                           | OTHER 10  | DAGGG I NODGG IS              |                 |           |  |     |
|---------------------------|---|-------------------------------|-----------------|-----------|--|-----|
|                           |   |                               | REPORT FOR TH   | IE MONTH/ | YEAR OF MM                                       |     |
| NAME:                     |   | EMPLO                         | YER IDENTIFICAT | ION NUMBE | ER:  |     |
| ADDRESS:                  |   | 2 20                          |                 |           |  |     |
| CITY:                     |   |                               |                 |           |  |     |
| STATE:                    | ZIP CODE:   |                               |                 |           |  |     |
| TELEPHONE NUM             | BER:  | 0                             | R SOCIAL SECUR  | ITY NUMBE | FR:  |     |
| FAX NUMBER:               |   | · ·                           | it oodial oloon | arr Rombi |  |     |
| NO NON-PARTICIPATING      | MANUFACTURER PRODUCTS SOLD INTO DELAWARE: NO NO   | IF YES, COMPLETE SCHEDULE NPM |                 |           |  |     |
| LINE NUMBER               | TOBACCO PRODUCTS AC   | CCOUNT                        | TOTAL           |           |  |     |
| 1                         | RESIDENT DISTRIBUTOR WHOLESALE PRICE OF TOBACCO PF  | RODUCTS PURCHASED             |                 |           |  |     |
| (Complete Schedule OTP-   | A) AND BROUGHT INTO DELAWARE OR MANUFACTURED IN DELA  | AWARE                         |                 |           |  |     |
| 2                         | WHOLESALE PRICE PAID FOR TOBACCO PRODUCTS SOLD TO   | OUT OF STATE                  |                 |           |  |     |
| ( Complete Schedule OTP-I | B) WHOLESALERS AND RETAILERS  |                               | (               | )         |  |     |
| 3                         | NONRESIDENT DISTRIBUTOR WHOLESALE PRICE OF TOBACC   | O PRODUCTS SOLD TO            |                 |           | HIS REPORT AND SCHEDULES O                       | , , |
| (Complete Schedule OTP-   | E) DELAWARE WHOLESALE AND RETAIL DEALERS  |                               |                 | OI<br>AR  | TP-C, OTP-D, OTP-E, OTP-F AN<br>RE TO BE FILED W |     |
| 4                         |   |                               |                 |           | RE TO BE FILED W<br>ELAWARE DIVISION OF REV      |     |
| (Complete Schedule OTP-   | C) WHOLESALE PRICE OF TOBACCO PRODUCTS RETURNED TO  | MANUFACTURER                  | (               | \         | DX 2340. WILMINGTON. DE 19                       | - , |
| 5                         |   |                               |                 |           | EFORE THE 20TH DAY OF EACH                       |     |
| (Complete Schedule OTP-   | D) WHOLESALE PRICE OF TOBACCO PRODUCTS SOLD TO EXEM   | PT ORGANIZATIONS              | (               |           | HE PRECEDING MONTH                               |     |
| 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   |                               |                 |           |  |     |
|                           |   | CIGARETT                      | E OTHER         |           |  |     |
| SCHEDULE                  |   | EQUIVALEN                     | NT OUNCES       | S         |  |     |
| NPM                       | PRODUCTS PURCHASED FROM NON-PARTICIPATING MANUFA  | CTURER                        |                 |           |  |     |
|                           | I hereby swear under penalty of perjury that the foregoing return has b<br>any accompanying schedules is true and correct; and that this constitu<br>that the licensee is in compliance with UNFAIR CIGARETTE SALE AC |                               |                 |           |  |     |
| SIGNA                     | ATURE OF LICENSEE OR OFFICER  | TITLE                         | D               | ATE       | PHONE NUMBE                                      | :R  |



## **SCHEDULE OTP-A** RESIDENT DISTRIBUTOR TOBACCO PRODUCTS PURCHASE SCHEDULE

| REPORT FOR THE MONTH/YEAR OF |  |
|------------------------------|--|
| REPORT FOR THE MONTH/YEAR OF |  |

**EMPLOYER IDENTIFICATION NUMBER:** 

| NAME:           |                   |                 |                           |               |                           |           |                     |     |                 |               |       |               |               |
|-----------------|-------------------|-----------------|---------------------------|---------------|---------------------------|-----------|---------------------|-----|-----------------|---------------|-------|---------------|---------------|
|                 |                   |                 |                           |               |                           | OR SOCIAL | SECURITY NUMB       | ER: |                 |               |       |               |               |
|                 |                   |                 |                           |               |                           |           |                     |     |                 |               |       |               |               |
| DATE<br>SHIPPED | INVOICE<br>NUMBER | INVOICE<br>DATE | NAME & ADDR<br>TOBACCO PR | ESS OF ENTITY | Y FROM WHO<br>E PURCHASEI | M<br>D    | WHOLESALE<br>PRICE* | M   | OUNCE<br>OIST S | S OF<br>NUFF* | FLUID | MILL<br>F VAP | JLITER<br>OR* |
|                 |                   |                 |                           |               |                           |           |                     |     |                 |               |       |               |               |
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# SCHEDULE OTP-B RESIDENT DISTRIBUTOR TOBACCO PRODUCTS SOLD OUTSIDE OF DELAWARE

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|       | EMPLOYER IDENTIFICATION NUMBER: |  |
|-------|---------------------------------|--|
| NAME: |                                 |  |
|       | OR SOCIAL SECURITY NUMBER:      |  |

| DATE<br>SHIPPED | INVOICE<br>NUMBER | INVOICE<br>DATE | NAME & ADDRESS TO WHOM TOBACCO PRODUCTS WERE SOLD | WHOLESALE<br>PRICE* | OUNCES OF<br>MOIST SNUFF* | FLUID MILLILITER<br>OF VAPOR* |
|-----------------|-------------------|-----------------|---|---------------------|---------------------------|-------------------------------|
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NAME:

## **SCHEDULE OTP-C** RESIDENT OR NONRESIDENT DISTRIBUTOR TOBACCO PRODUCTS RETURNED TO MANUFACTURER

| DEDORT FOR THE MONTH/VEAR OF |  |
|------------------------------|--|
| REPORT FOR THE MONTH/YEAR OF |  |

| EMPLOYER IDENTIFICATION NUMBER: |  |  |  |  |
|---------------------------------|--|--|--|--|
| OR SOCIAL SECURITY NUMBER:      |  |  |  |  |

| DATE<br>SHIPPED | INVOICE<br>NUMBER | INVOICE<br>DATE | NAME & ADDRESS TO WHOM TOBACCO PRODUCTS WERE RETURNED | WHOLESALE<br>PRICE* | OUNCES OF<br>MOIST SNUFF* | FLUID MILLILITER<br>OF VAPOR* |
|-----------------|-------------------|-----------------|---|---------------------|---------------------------|-------------------------------|
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NAME:

# SCHEDULE OTP-D RESIDENT OR NONRESIDENT DISTRIBUTOR TOBACCO PRODUCTS SOLD TO EXEMPT ORGANIZATIONS

| REPORT FOR THE MONTH/YEAR OF |  |
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| EMPLOYER IDENTIFICATION NUMBER: |  |  |  |
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|                                 |  |  |  |
| OR SOCIAL SECURITY NUMBER:      |  |  |  |

| DATE<br>SHIPPED | INVOICE<br>NUMBER | INVOICE<br>DATE | NAME & ADDRESS OF EXEMPT ORGANIZATION | WHOLESALE<br>PRICE* | OUNCES OF<br>MOIST SNUFF* | FLUID MILLILITER<br>OF VAPOR* |
|-----------------|-------------------|-----------------|---------------------------------------|---------------------|---------------------------|-------------------------------|
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NAME:

# SCHEDULE OTP-E NONRESIDENT DISTRIBUTOR TOBACCO PRODUCTS SOLD TO DELAWARE CUSTOMERS

| RFPORT    | FOR   | THE | MONTH/YEAR OF    |  |
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| EMPLOYER IDENTIFICATION NUMBER: |  |  |  |  |  |
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| OR SOCIAL SECURITY NUMBER:      |  |  |  |  |  |

| DATE<br>SHIPPED | INVOICE<br>NUMBER | INVOICE<br>DATE | NAME & ADDRESS OF DELAWARE CUSTOMER | WHOLESALE<br>PRICE* | OUNCES OF<br>MOIST SNUFF* | FLUID MILLILITEI<br>OF VAPOR* |
|-----------------|-------------------|-----------------|-------------------------------------|---------------------|---------------------------|-------------------------------|
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## SCHEDULE OTP-F INFORMATION RETURN TOBACCO PRODUCTS - PREMIUM CIGARS

| REPORT FOR | THE MONTH/YEA | R OF |
|------------|---------------|------|

|       | EMPLOYER IDENTIFICATION NUMBER: |  |
|-------|---------------------------------|--|
| NAME: |                                 |  |
|       | OR SOCIAL SECURITY NUMBER:      |  |

| DATE<br>SHIPPED | INVOICE<br>NUMBER | INVOICE<br>DATE | NAME & ADDRESS OF DELAWARE CUSTOMER | WHOLESALE<br>PRICE* | NUMBER OF PREMIUM CIGARS |
|-----------------|-------------------|-----------------|-------------------------------------|---------------------|--------------------------|
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## **SCHEDULE NPM CIGARETTE SALES OF NON-PARTICIPATING MANUFACTURER BRANDS**

| REPORT FOR THE MONTH/YEAR OF |       |            |        |
|------------------------------|-------|------------|--------|
|                              | CDODT | MONTH/VEAD | OF MIN |

| BUSINESS NAME:           |                    |                 |                  | EMPLOYER IDENTIFICATION NUMBER:               |   |   |  |  |  |  |
|--------------------------|--------------------|-----------------|------------------|---|---|---|--|--|--|--|
| ADDRESS:                 |                    |                 |                  |   |   |   |  |  |  |  |
|                          |                    |                 |                  |   |   |   |  |  |  |  |
| CONTACT PERSON:          |                    |                 |                  |   | OR SOCIAL SECURITY NUMBE                          | R:  |  |  |  |  |
| TELEPHONE:               |                    |                 |                  |   |   |   |  |  |  |  |
|                          |                    |                 |                  |   |   |   |  |  |  |  |
| BRAND NAME               | NUMBER OF<br>PACKS | SOLD            | OUNCES OF<br>RYO | NON-PARTICIPATING MANUFACTURER NAME & ADDRESS | NAME & ADDRESS OF THE<br>PERSON(S) FROM WHOM EACH | NAME & ADDRESS OF THE FIRST IMPORTER OF FOREIGN |  |  |  |  |
|                          | 20'S               | 25'S            |                  |   | BRAND WAS PURCHASED                               | MANUFACTURED BRANDS                             |  |  |  |  |
|                          |                    |                 |                  |   |   |   |  |  |  |  |
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|                          |                    |                 |                  |   |   |   |  |  |  |  |
| I certify that the above | stated inform:     | ation is true a | and correct      |   |   |   |  |  |  |  |
| . coy that the above     | ciatoa iinomin     | 2               | 30,,000          | Signature                                     |   | Date  |  |  |  |  |
|                          |                    |                 |                  | <b>S</b>                                      |   |   |  |  |  |  |
|                          |                    |                 |                  |   |   |   |  |  |  |  |