FORM 1074

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:
сіту:		TELEPHONE NUMBER:
STATE:	ZIP CODE:	FAX NUMBER:

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

		I AU	RAGES OF CIGAR		
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)				THIS REPORT AND SCHEDULES 1074A, 1074B,
1074-B	RECEIVED FROM OTHER THAN MNFR (UNSTAMPED)				1074C,1074D, 1074E AND NPM-CIG
	SOLD IN DELAWARE				ARE TO BE FILED WITH THE
1074-C	SOLD TO DELAWARE AFFIXING AGENTS				DELAWARE DIVISION OF REVENUE,
1074-D	SOLD OUTSIDE DELAWARE				P.O. BOX 2340, WILMINGTON, DE 19899, ON OR
1074-E	SOLD TO EXEMPT ORGANIZATIONS IN DELAWARE				BEFORE THE 20TH DAY OF EACH MONTH FOR
NPM	PRODUCTS PURCHASED FROM NPM				THE PRECEDING MONTH, BY EVERY
	DESTROYED, LOST OR STOLEN (STAMPED)				WHOLESALER IN DELAWARE. WHOLESALE
	DESTROYED, LOST OR STOLEN (UNSTAMPED)				DEALERS WHO HAVE A DELAWARE PERMIT BU
	RETURNED TO MANUFACTURERS (STAMPED)				WHO ARE SITUATED OUTSIDE DELAWARE MUS
	RETURNED TO MANUFACTURERS (UNSTAMPED)				FILE MONTHLY REPORTS ON FORM 1075
	INVENTORY AT END OF MONTH (STAMPED)				
	INVENTORY AT END OF MONTH (UNSTAMPED)				
	STAMP ACCOUNT	ST	AMPS		
		\$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)				

PACKAGES OF CIGARETTES

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.

FORM 1074-A RESIDENT WHOLESALER **CIGARETTES RECEIVED FROM MANUFACTURERS**

NAME: _____

EMPLOYER IDENTIFICATION NUMBER:

				STAMPED		UNSTAMPED		
DATE	INVOICE	DELIVERY						
RECEIVED	NUMBER	CARRIER	NAME AND ADDRESS OF MANUFACTURER	20'S	25'S	20'S	25'S	
						-		
					1			
					-			
			TOTAL					



MONTH OF _____, 20____

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

NAME: _____

EMPLOYER IDENTIFICATION NUMBER: _____

		STA	STAMPED		UNSTAMPED	
DATE	NAME AND ADDRESS	20'S	25'S	20'S	25'S	
	ТО	TAL				



MONTH OF _____, 20____

STATE OI	F DI	ELAV	VARE	
DIVISION	OF	REV	ENUE	

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

MONTH OF _____, 20____

NAME: _____

EMPLOYER IDENTIFICATION NUMBER: _____

		STA	MPED	UNSTAMPED	
DATE	NAME AND ADDRESS	20'S	25'S	20'S	25'S
	TO				



FORM 1074-D **RESIDENT WHOLESALER** CIGARETTES SOLD OUTSIDE DELAWARE

MONTH OF _____, 20____

NAME: _____

EMPLOYER IDENTIFICATION NUMBER: _____

DATE	NAME	ADDRESS	20'S	25'S	TOTAL
					
					
					



FORM 1074-E **RESIDENT WHOLESALER CIGARETTES SOLD TO EXEMPT ORGANIZATIONS**

MONTH OF _____, 20____

NAME: _____

EMPLOYER IDENTIFICATION NUMBER: _____

DATE	NAME AND ADDRESS	20'S	25'S
	TOTAL		



MONTH OF _____, 20____

SCHEDULE NPM CIGARETTE SALES OF NON-PARTICIPATING MANUFACTURER BRANDS

BUSINESS NAME & ADDRESS: _____

EMPLOYER IDENTIFICATION NUMBER: _____

CONTACT PERSON: _____

TELEPHONE NUMBER: _____

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

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

Signature

Date



(Revised 01/28/13)