FORM 1074

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

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

NO NON-PARTICIPATING MANUFACTURERE PRODUCTS SOLD INTO DELAWARE

IF YES, COMPLETE SCHEDULE NPM

NO

PACKAGES OF CIGARETTES

SCHEDULE	CIGARETTE ACCOUNT	20'S	25'S	TOTAL	For taxable periods after 8/31/2017
	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)				THIS REPORT AND SCHEDULES 1074A, 1074
1074-B	RECEIVED FROM OTHER THAN MNFR (UNSTAMPED)				1074C, 1074D, 1074E AND NPM-CIG
	SOLD IN DELAWARE				ARE TO BE FILED WITH THE DELAWARE DIVISION OF REVENUE.
1074-C	SOLD TO DELAWARE AFFIXING AGENTS				P.O. BOX 2340, WILMINGTON, DE 19899,
1074-D	SOLD OUTSIDE DELAWARE				ON OR BEFORE THE 20TH DAY OF EACH
1074-E	SOLD TO EXEMPT ORGANIZATIONS IN DELAWARE				MONTH FOR THE PRECEDING MONTH,
NPM	PRODUCTS PUCHASED FROM NPM				BY EVERY WHOLESALER IN DELAWARE. WHOLESALE DEALERS WHO HAVE A
	DESTROYED, LOST OR STOLEN (STAMPED)				DELAWARE PERMIT BUT WHO ARE SITUATE
	DESTROYED, LOST OR STOLEN (UNSTAMPED)				OUTSIDE DELAWARE MUST FILE MONTHLY
	RETURNED TO MANUFACTURERS (STAMPED)				REPORTS ON FORM 1075
	RETURNED TO MANUFACTURERS (UNSTAMPED)				
	INVENTORY AT END OF MONTH (STAMPED)				
	INVENTORY AT END OF MONTH (UNSTAMPED)				
	STAMP ACCOUNT	STAM	/IPS		
		\$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)				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.

FOR OFFICE USE ONLY REVENUE CODE: 0035-02

EMPLOYER IDENTIFICATION NUMBER:

OR SOCIAL SECURITY NUMBER:

REPORT FOR THE MONTH OF MM YY

FORM 1074-A RESIDENT WHOLESALER CIGARETTES RECEIVED FROM MANUFACTURERS

EMPLOYER IDENTIFICATION NUMBER:

NAME



DF0117029999

DF0117029999							
			STA	MPED	UNSTAMPED		
DATE RECEIVED	INVOICE NUMBER	DELIVERY CARRIER	NAME AND ADDRESS OF MANUFACTURER	20'S	25'S	20'S	25'S
			TOTAL				

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

EMPLOYER IDENTIFICATION NUMBER:

NAME



DF0 ²	117039999

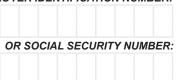
DF0117039999								
		STA	STAMPED UNSTAMPED					
DATE	NAME AND ADDRESS	20'S	25'S	20'S	25'S			
	TOTAL							

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

REPORT FOR THE MONTH OF MM

EMPLOYER IDENTIFICATION NUMBER:

NAME



DF0117049999	

DF0117049999							
		STA	STAMPED UNSTAMPED				
DATE	NAME AND ADDRESS	20'S	25'S	20'S	25'S		
	TOTAL						

FORM 1074-D RESIDENT WHOLESALER CIGARETTES SOLD OUTSIDE DELAWARE

REPORT FOR THE MONTH OF

EMPLOYER IDENTIFICATION NUMBER:

OR SOCIAL SECURITY NUMBER:

NAME



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

FORM 1074-E RESIDENT WHOLESALER CIGARETTES SOLD TO EXEMPT ORGANIZATIONS

REPORT FOR THE MONTH OF

EMPLOYER IDENTIFICATION NUMBER:

OR SOCIAL SECURITY NUMBER:

NAME



NAME AND ADDRESS 20'S 25'S DATE TOTAL

SCHEDULE NPM CIGARETTE SALES OF NON-PARTICIPATING MANUFACTURER BRANDS

REPORT FOR THE MONTH OF MM YY

EMPLOYER IDENTIFICATION NUMBER:



CONTACT PERSON:

DF0117079999

OR SOCIAL SECURITY NUMBER:

TELEPHONE NUMBER:

BUSINESS NAME & ADDRESS:

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

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

SIGNATURE