FORM 1075

STATE OF DELAWARE DIVISION OF REVENUE

NON-RESIDENT WHOLESALE DEALER'S

MONTHLY REPORT OF

CIGARETTE AND CIGARETTE TAX STAMPS

FOR OFFICE USE ONLY	REVENUE CODE: 0035-02	

NAME:		EMPLOYER IDENTIFICA	TION NUMBER:		
ADDRESS:		REPORT FOR MONTH O	F:		
CITY:		TELEPHONE NUMBER:			
STATE:	ZIP CODE:	FAX NUMBER:			
NO NON-PARTIO	CIPATING MANUFACTURER PRODUCTS SOLD INTO DELAWARE: [1NO 1IF YES. CO	MPLETE SCHEDULE N	NPM	
	·		KAGES OF CIGARI		
SCHEDULE	CIGARETTE ACCOUNT	20'S	25'S	TOTAL	
1075-A	SOLD IN DELAWARE				7
1075-B	SOLD TO DELAWARE AFFIXING AGENTS				
1075-C	SOLD TO TAX EXEMPT ORGANIZATIONS IN				
	DELAWARE				
NPM	NPM PRODUCTS SOLD IN DELAWARE				7
	RETURNED TO MANUFACTURER (STAMPED)				7
	INVENTORY BEGINNING OF MONTH (STAMPED)				THIS REPORT AND SCHEDULES 1075A, 1075B,
	INVENTORY END OF MONTH (STAMPED)				1075C AND NPM-CIG ARE TO BE
	STAMP ACCOUNT	STA	AMPS		FILED WITH THE DELAWARE DIVISION OF
		\$1.60	\$2.00		REVENUE, P.O. BOX 2340, WILMINGTON, DE 1989
	ON HAND AT BEGINNING OF MONTH (UNAFFIXED)				ON OR BEFORE THE 20TH DAY OF EACH MONTH
	RECEIVED FROM DELAWARE DIVISION OF REVENUE				FOR THE PRECEDING MONTH
	SUBTOTAL	L			
	STAMPS AFFIXED DURING MONTH	()	()		
	ON HAND AT END OF MONTH (UNAFFIXED)				
	(SIATIVILED OF MORTH (SIATIVILED)		I		
AFFADAVIT:	I hereby swear under penalty of perjury that the foregoing return has been e	xamined by me and that a	all information contained h	erein, including any acc	companying schedules or statements is true and correct; and that this
	constitutes a complete return for the month stated, pursuant to law. I also s	wear that the licensee is in	n compliance with the LINI	FAIR CIGARETTE SAI	F ACT Chanter 26 of Title 6 of the Delaware Code
	constitutes a complete return of the month stated, parsault to law. Talso's	wear that the heerisee is h	r compliance with the Orn	AIN GIGANETTE GAE	2 AOT, Chapter 20 of Thic o of the Bolaware code.
	SIGNATURE OF LICENSEE OR OFFICER THEREOF		TITLE		DATE

STATE OF DELAWARE DIVISION OF REVENUE

FORM 1075-A NON-RESIDENT WHOLESALER CIGARETTES SOLD IN DELAWARE

MONTH OF	_ :	20

NAME: EMPLOYER IDENTIFICATION NUMBER:	
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DATE	NAME	ADDRESS	20'S	25'S	TOTAL
					<u> </u>
					<u> </u>
		TOTAL			<u> </u>



STATE OF DELAWARE DIVISION OF REVENUE

FORM 1075-B NON-RESIDENT WHOLESALER CIGARETTES SOLD TO DELAWARE AFFIXING AGENTS

MONTH OF	. 20
	. 20

NAME: EMPLOYER IDENTIFICATION NUMBER:	
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			STAMPED		UNSTAMPED		
DATE	NAME AND ADDRESS		20'S	25'S	20'S	25'S	
			+				
			+				
			+				
			+				
		TOTAL					



STATE OF DELAWARE DIVISION OF REVENUE

FORM 1075-C NON-RESIDENT WHOLESALER CIGARETTES SOLD TO EXEMPT ORGANIZATIONS

MONTH OF	. 20
	, 20

NAME:	EMPLOYER I	EMPLOYER IDENTIFICATION NUMBER:				
DATE	NAME AND ADDRESS		20'S	25'S		
		TOTAL				



SCHEDULE NPM CIGARETTE SALES OF NON-PARTICIPATING MANUFACTURER BRANDS

MONTH OF	. 20

BUSINESS NAME & ADDRESS:				EMPLOYER I	DENTIFICATION 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	NAME & ADDRESS OF THE FIRST IMPORTER OF FOREIGN	
	20'S	25'S	OF KTO	MANOTACTORER NAME & ADDRESS	BRAND WAS PURCHASED	MANUFACTURED BRANDS	
I certify that the above state	I certify that the above stated information is true and correct.						
Toermy mai me above stat	eu iiiioiiiialio	ııı ıs uu c al	iu con c cl.	Signature		 Date	

(Revised 01/28/13)

