FORM 1075

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

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

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	
1075-A	SOLD IN DELAWARE				
1075-B	SOLD TO AFFIXING AGENTS				
1075-C	SOLD TO TAX EXEMPT ORGANIZATIONS IN DELAWARE				
NPM	NPM PRODUCTS SOLD IN DELAWARE				
	RETURNED TO MANUFACTURERS (STAMPED)				THIS REPORT AND SCHEDULES 1075A, 1075
	INVENTORY AT BEGINNING OF MONTH (STAMPED)				1075C AND NPM-CIG ARE TO BE FILED WITH
	INVENTORY AT END OF MONTH (STAMPED)				THE DELAWARE DIVISION OF REVENUE, P.O. BOX 2340, WILMINGTON, DE 19899,
	STAMP ACCOUNT	STAMPS			ON OR BEFORE THE 20TH DAY OF EACH
		\$2.10	\$2.63		MONTH FOR THE PRECEDING MONTH.
	ON HAND BEGINNING OF MONTH (UNAFFIXED)				
	RECEIVED FROM DELAWARE DIVISION OF REVENUE				
	SUBTOTAL				
	STAMPS AFFIXED DURING MONTH	() ()	
	ON HAND AT END OF MONTH (UNAFFIXED)				

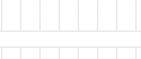
AFFIDAVIT: I hereby swear under penalty of perjury that the foregoing return has been examined by me and that all information contained herein, including any accompanying schedules or statements, is true and correct; and that this constitutes as a complete return for the month slated, pursuant to law, i also swear that the licensee is in compliance with the UNFAIR CIGARETTE SALE ACT, Chapter 26 of Title 6 of the Delaware Code.

SIGNATURE OF LICENSEE OR OFFICER THEREOF

TITLE

DATE





REPORT FOR THE MONTH OF MM YY

FOR OFFICE USE ONLY REVENUE CODE: 0035-02

OR SOCIAL SECURITY NUMBER:

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

EMPLOYER IDENTIFICATION NUMBER:

OR SOCIAL SECURITY NUMBER:

NAME



DATE	NAME AND ADDRESS		20'S	25'S
	т	OTAL		

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

REPORT FOR THE MONTH OF MM

EMPLOYER IDENTIFICATION NUMBER:

OR SOCIAL SECURITY NUMBER:

NAME



DATE	NAME AND ADDRESS	20'S	25'S
	TOTAL		

FORM 1075-C RESIDENT WHOLESALER CIGARETTES SOLD TO EXEMPT ORGANIZATIONS

REPORT FOR THE MONTH OF MM

EMPLOYER IDENTIFICATION NUMBER:

OR SOCIAL SECURITY NUMBER:

NAME



DATE	NAME AND ADDRESS	20'S	25'S
	TOTAL		

BUSINESS NAME & ADDRESS:

SCHEDULE NPM CIGARETTE SALES OF NON-PARTICIPATING MANUFACTURER BRANDS

REPORT FOR THE MONTH OF MM YY

EMPLOYER IDENTIFICATION NUMBER:

OR SOCIAL SECURITY NUMBER:

DF40217059999

TELEPHONE NUMBER:

CONTACT PERSON:

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

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

SIGNATURE