

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

REPORT FOR THE MONTH OF MM | YY

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

EMPLOYER IDENTIFICATION NUMBER:

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OR SOCIAL SECURITY NUMBER:

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NO NON-PARTICIPATING MANUFACTURERE PRODUCTS SOLD INTO DELAWARE NO IF YES, COMPLETE SCHEDULE NPM

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)			
	INVENTORY AT BEGINNING OF MONTH (STAMPED)			
	INVENTORY AT END OF MONTH (STAMPED)			
	STAMP ACCOUNT	STAMPS		
		\$2.10	\$2.63	
	ON HAND BEGINNING OF MONTH (UNAFFIXED)			
	RECEIVED FROM DELAWARE DIVISION OF REVENUE			
	SUBTOTAL			
	STAMPS AFFIXED DURING MONTH	()	()	
	ON HAND AT END OF MONTH (UNAFFIXED)			

THIS REPORT AND SCHEDULES 1075A, 1075B, 1075C AND NPM-CIG ARE TO BE FILED WITH THE DELAWARE DIVISION OF REVENUE, P.O. BOX 2340, WILMINGTON, DE 19899, ON OR BEFORE THE 20TH DAY OF EACH MONTH FOR THE PRECEDING MONTH.

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



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