FORM 1074

2011

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

FOR O	FFICE	USF ONLY	REVENUE	CODE	0035-02

NAME:		EMPLOYER IDENTIFICATION NUMBER:
ADDRESS:		REPORT FOR MONTH OF:
CITY:		TELEPHONE NUMBER:
STATE:	ZIP CODE:	FAX NUMBER:

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

PACKAGES OF CIGARETTES

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 S
1074-B	RECEIVED FROM OTHER THAN MNFR (UNSTAMPED)				1074C,1074D, 1074E
	SOLD IN DELAWARE				ARE TO BE FILED WI
1074-C	SOLD TO DELAWARE AFFIXING AGENTS				DELAWARE DIVISION
1074-D	SOLD OUTSIDE DELAWARE				P.O. BOX 2340, WILM
1074-E	SOLD TO EXEMPT ORGANIZATIONS IN DELAWARE				BEFORE THE 20TH D
NPM	PRODUCTS PURCHASED FROM NPM				THE PRECEDING MO
	DESTROYED, LOST OR STOLEN (STAMPED)				WHOLESALER IN DE
	DESTROYED, LOST OR STOLEN (UNSTAMPED)				DEALERS WHO HAV
	RETURNED TO MANUFACTURERS (STAMPED)				WHO ARE SITUATED
	RETURNED TO MANUFACTURERS (UNSTAMPED)				FILE MONTHLY REPO
	INVENTORY AT END OF MONTH (STAMPED)				
	INVENTORY AT END OF MONTH (UNSTAMPED)				
	STAMP ACCOUNT	S	TAMPS		
		\$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)	•			

THIS REPORT AND SCHEDULES 1074A, 1074B, 1074C,1074D, 1074E 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, BY EVERY WHOLESALER IN DELAWARE. WHOLESALE DEALERS WHO HAVE A DELAWARE PERMIT BUT WHO ARE SITUATED OUTSIDE DELAWARE MUST FILE MONTHLY REPORTS ON FORM 1075

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.

SIGNATURE OF LICENSEE OR OFFICER THEREOF	TITLE	DATE

FORM 1074-A RESIDENT WHOLESALER CIGARETTES RECEIVED FROM MANUFACTURERS

MONTH OF	_	20

NAME: _	 EMPLOYER IDENTIFICATION NUMBER:	
_		

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



NAME: _____

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

AONTH OF	20
MONTH OF	. 20

EMPLOYER IDENTIFICATION NUMBER:

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



NAME: _____

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

MONTH OF	. 20
NON I FI OF	. 20

EMPLOYER IDENTIFICATION NUMBER:

		STAI	MPED	UNSTAMPED	
DATE	NAME AND ADDRESS	20'S	25'S	20'S	25'S
					<u> </u>
		ΓAL			1



FORM 1074-D RESIDENT WHOLESALER CIGARETTES SOLD OUTSIDE DELAWARE

MONTH OF	. 20	

NAME:	EMPLOYER IDENTIFICATION NUMBER:	·

DATE	NAME	ADDRESS	20'S	25'S	TOTAL
					1
					_
					_

NAME: _____

FORM 1074-E RESIDENT WHOLESALER CIGARETTES SOLD TO EXEMPT ORGANIZATIONS

MONTH OF	. 20
VIOIN I I I OI	, 20

EMPLOYER IDENTIFICATION NUMBER:

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



SCHEDULE NPM CIGARETTE SALES OF NON-PARTICIPATING MANUFACTURER BRANDS

MONTH OF	. 20

BUSINESS NAME & ADDRESS: EMPLO					OYER IDENTIFICATION 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 RTO	OFRIO	MANUFACTURER NAME & ADDRESS	BRAND WAS PURCHASED	MANUFACTURED BRANDS	
				<u> </u>				
I certify that the above st	ated information	on is true an	nd correct					
recruity that the above st	ated imorriation	on is true an	ia correct.	Signature		 Date		
(Revised 07/30/09)								