**FORM 1075** 

2011

#### STATE OF DELAWARE

#### **DIVISION OF REVENUE**

#### **NON-RESIDENT WHOLESALE DEALER'S**

#### MONTHLY REPORT OF

#### **CIGARETTE AND CIGARETTE TAX STAMPS**

SIGNATURE OF LICENSEE OR OFFICER THEREOF

FOR OFFICE USE ONLY	REVENUE CODE:	0035-02

DATE

NAME:		EMPLOYER IDENTIFICA	TION NUMBER:		
ADDRESS:		REPORT FOR MONTH O	F:		
CITY:		TELEPHONE NUMBER:			
STATE:	ZIP CODE:	FAX NUMBER:			
NO NON-PARTIC	CIPATING MANUFACTURER PRODUCTS SOLD INTO DELAWARE: [ ]	NO I LIEVES CO	MPI ETE SCHEDUI E I	NPM	
770 770 771777	SILVATING WANTED STONE OF THE SEED WITH BEED WANTED. [ ]				
CCHEDIII E	CICADETTE ACCOUNT	20'S	KAGES OF CIGARI 25'S	TOTAL	7
SCHEDULE 1075-A	SOLD IN DELAWARE	20.5	25 5	IOIAL	-
1075-A 1075-B	SOLD TO DELAWARE AFFIXING AGENTS				
1075-Б 1075-С	SOLD TO TAX EXEMPT ORGANIZATIONS IN				
1075-0	DELAWARE				
NPM	NPM PRODUCTS SOLD IN DELAWARE				-
T. IVI	RETURNED TO MANUFACTURER (STAMPED)				1
	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	MPS		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				
	STAMPS AFFIXED DURING MONTH	(	( )		
	ON HAND AT END OF MONTH (UNAFFIXED)				
AFFADAVIT:	I hereby swear under penalty of perjury that the foregoing return has been ex	amined by me and that a	ll information contained h	nerein, including any acco	ompanying schedules or statements is true and correct; and that this
	constitutes a complete return for the month stated, pursuant to law. I also sw	ear that the licensee is ir	compliance with the LIN	FAIR CIGARETTE SAI E	ACT Chapter 26 of Title 6 of the Delaware Code
	obligation a complete foldin for the month dialoa, paredant to law. Falco on	car triat trio mooriooo io m	oomphanee war are ere	, , , , , , , , , , , , , , , , , , , ,	Trot, Chapter 20 or the o or the Bolaware code.

TITLE

STATE OF DELAWARE DIVISION OF REVENUE

NAME: \_\_\_\_\_

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

MONTH OF	20
MONTH OF	. 20

EMPLOYER IDENTIFICATION NUMBER:

DATE	NAME	ADDRESS	20'S	25'S	TOTAL



**TOTAL** 

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 NUMBE	ER:
	STAMPER	D UNSTAMBED

			STAMPED		UNSTAMPED	
DATE	NAME AND ADDRESS		20'S	25'S	20'S	25'S
		TOTAL				
		IOIAL	<u> </u>	<u> </u>	Ш	



### STATE OF DELAWARE FORM 1075-C DIVISION OF REVENUE NON-RESIDENT WHOLESALER CIGARETTES SOLD TO EXEMPT ORGANIZ **CIGARETTES SOLD TO EXEMPT ORGANIZATIONS**

MONTH OF , 20	
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NAME:	IAME: EMPLOYER IDENTIFICATION NUMBER:					
DATE	NAME AND ADDRESS		20'S	25'S		
DAIL	NAME AND ADDICES		20 3	23 3		
		TOTAL				



## SCHEDULE NPM CIGARETTE SALES OF NON-PARTICIPATING MANUFACTURER BRANDS

MONTH OF	. 20

BUSINESS NAME & ADDRESS:				EMPLOYER I	EMPLOYER IDENTIFICATION NUMBER:			
CONTACT PERSON:				TELEPHONE	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	OI KIO	MANOT ACTORER NAME & ADDRESS	BRAND WAS PURCHASED	MANUFACTURED BRANDS		
I certify that the above stat	ed informatio	on is true ar	nd correct.					
				Signature		Date		

(Revised 07/30/09)