STATE OF DELAWARE
DIVISION OF REVENUE
820 NORTH FRENCH ST.
P.O. BOX 8911
WILM, DE 19899-8911
TELEPHONE NUMBER: 302-577-8448

2011 FORM TP-1 WHOLESALE DEALER'S MONTHLY REPORT OF OTHER TOBACCO PRODUCTS

NAME:		EMPLOYER IDENTIFICATION NUMBER:
ADDRESS:		REPORT FOR THE MONTH OF:
CITY:		TELEPHONE NUMBER:
CTATE.	ZID CODE:	EAV MUMPED.

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

LINE NUMBER	TOBACCO PRODUCTS ACCOUNT		TOTAL	
1	RESIDENT DISTRIBUTOR WHOLESALE PRICE OF TOBACCO PRODUCTS PURCHASED			
(Complete Schedule OTP-A)	AND BROUGHT INTO DELAWARE OR MANUFACTURED IN DELAWARE			
2	WHOLESALE PRICE PAID FOR TOBACCO PRODUCTS SOLD TO OUT OF STATE			
(Complete Schedule OTP-B)	WHOLESALERS AND RETAILERS		(<u>)</u>
3	NONRESIDENT DISTRIBUTOR WHOLESALE PRICE OF TOBACCO PRODUCTS SOLD TO			
(Complete Schedule OTP-E)	DELAWARE WHOLESALE AND RETAIL DEALERS			THIS REPORT AND SCHEDULES OTP-A, OTP-B,
4				OTP-C, OTP-D, OTP-E AND NPM-RYO ARE TO BE
(Complete Schedule OTP-C)	WHOLESALE PRICE OF TOBACCO PRODUCTS RETURNED TO MANUFACTURER		(FILED WITH THE DELAWARE DIVISION OF
5				REVENUE, P.O. BOX 2340, WILMINGTON, DE 19899
(Complete Schedule OTP-D)	WHOLESALE PRICE OF TOBACCO PRODUCTS SOLD TO EXEMPT ORGANIZATIONS	ON OR BEFORE THE 20TH DAY OF EACH MONTH		
6	TOTAL		FOR THE PRECEDING MONTH	
7	LINE 6 x (0.15)			
8	TOTAL OUNCES OF TAXABLE MOIST SNUFF x (0.54)			
OOUEDIU E		CIGARETTE	OTHER	
SCHEDULE		EQUIVALENT	OUNCES	\dashv
NPM	PRODUCTS PURCHASED FROM NON-PARTICIPATING MANUFACTURER			
AFFADAVIT:	I hereby swear under penalty of perjury that the foregoing return has been exa	amined by me and that	t all information co	ntained herein, including any accompanying

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 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 UNFAIR CIGARETTE SALE ACT, Chapter 26 of Title 6 of the Delaware Code.

SIGNATURE OF LICENSEE OR OFFICER TITLE DATE PHONE NUMBER



2011 SCHEDULE OTP-A RESIDENT DISTRIBUTOR TOBACCO PRODUCTS PURCHASE SCHEDULE

MONTH OF	. 20

NAME:			EMPLOYER IDENTIFICATION NUMBER:		
DATE SHIPPED	INVOICE NUMBER	INVOICE DATE	NAME & ADDRESS OF ENTITY FROM WHOM TOBACCO PRODUCTS WERE PURCHASED	WHOLESALE PRICE*	OUNCES OF MOIST SNUFF*



2011 SCHEDULE OTP-B RESIDENT DISTRIBUTOR TOBACCO PRODUCTS SOLD OUTSIDE OF DELAWARE

MONTH OF	20
MONTH OF	. 20

NAME:	EMPLOYER IDENTIFICATION NUMBER:

DATE SHIPPED	INVOICE NUMBER	INVOICE DATE	NAME & ADDRESS TO WHOM TOBACCO PRODUCTS WERE SOLD	WHOLESALE PRICE	OUNCES OF MOIST SNUFF
					-

2011 SCHEDULE OTP-C RESIDENT OR NONRESIDENT DISTRIBUTOR TOBACCO PRODUCTS RETURNED TO MANUFACTURER

MONTH OF	20
MONTH OF	, 20

NAME:			EMPLOYER IDENTIFICATION NUMBER:		
DATE SHIPPED	INVOICE NUMBER	INVOICE DATE	NAME & ADDRESS TO WHOM TOBACCO PRODUCTS WERE RETURNED	WHOLESALE PRICE	OUNCES OF MOIST SNUFF



NAME: _____

SCHEDULE OTP-D RESIDENT OR NONRESIDENT DISTRIBUTOR TOBACCO PRODUCTS SOLD TO EXEMPT ORGANIZATIONS

2011

MONTH OF	20
MONTH OF	. 20

EMPLOYER IDENTIFICATION NUMBER:

DATE SHIPPED	INVOICE NUMBER	INVOICE DATE	NAME & ADDRESS OF EXEMPT ORGANIZATION	WHOLESALE PRICE	OUNCES OF MOIST SNUFF



STATE OF DELAWARE **DIVISION OF REVENUE** WILMINGTON, DE 19899-8911

NAME: _____

2011 **SCHEDULE OTP-E** 820 NORTH FRENCH ST. P.O. BOX 8911 NONRESIDENT DISTRIBUTOR. TOBACCO PRODUCTS SOLD TO DELAWARE CUSTOMERS

MONTHOE	00
MONTH OF	. 20

EMPLOYER IDENTIFICATION NUMBER:

				_	
DATE SHIPPED	INVOICE NUMBER	INVOICE DATE	NAME & ADDRESS OF DELAWARE CUSTOMER	WHOLESALE PRICE	OUNCES OF MOIST SNUFF



(Revised 11/21/11)

BUSINESS NAME & ADDRESS:

2011 SCHEDULE NPM CIGARETTE SALES OF NON-PARTICIPATING MANUFACTURER BRANDS

NONTH OF	. 20
	 , =

EMPLOYER 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			BRAND WAS PURCHASED	MANUFACTURED BRANDS
I certify that the above stated information is true an and correct						
				Signature		Date