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

#### 2012 **FORM TP-1** WHOLESALE DEALER'S **MONTHLY REPORT OF** OTHER TOBACCO PRODUCTS

FAX NUMBER:

FOR OFFICE USE ONLY REVENUE CODE: 0036-0	<b>FOR</b>	OFFICE USE OF	NLY REVENU	E CODE:	0036-01
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	·
NAME:	EMPLOYER IDENTIFICATION NUMBER:
ADDRESS:	REPORT FOR THE MONTH OF:
CITY:	TELEPHONE NUMBER:
0111.	TEEL HOTE HOUSEN.

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	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)						
		CIGARETTE	OTHER				
SCHEDULE		EQUIVALENT	OUNCES				
NPM	PRODUCTS PURCHASED FROM NON-PARTICIPATING MANUFACTURER						
AFFADAVIT:	I hereby swear under penalty of perjury that the foregoing return has been exam	nined by me and tha	at all information co	ntained herein, including any accompanying			

STATE:

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** 



## 2012 SCHEDULE OTP-A RESIDENT DISTRIBUTOR TOBACCO PRODUCTS PURCHASE SCHEDULE

MONTH OF	. 20
	, 20

NAME:	EMPLOYER IDENTIFICATION NUMBER:	

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



# 2012 SCHEDULE OTP-B RESIDENT DISTRIBUTOR TOBACCO PRODUCTS SOLD OUTSIDE OF DELAWARE

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
				1	
				1	
				1	
				1	

## 2012 SCHEDULE OTP-C RESIDENT OR NONRESIDENT DISTRIBUTOR TOBACCO PRODUCTS RETURNED TO MANUFACTURER

MONTH OF	20
MONTHUE	. 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

SHIPPED	NUMBER	DATE	NAME & ADDRESS TO WHOM TOBACCO PRODUCTS WERE RETURNED	PRICE	MOIST SNUFF



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

#### SCHEDIII E OTP-D

MONTH OF	20
MONTH OF	. 20

EMPLOYER IDENTIFICATION NUMBER:

SCHEDOLL OH -D
RESIDENT OR NONRESIDENT DISTRIBUTOR
TOBACCO PRODUCTS SOLD TO EXEMPT ORGANIZATIONS

2012

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



#### 2012 **SCHEDULE OTP-E** NONRESIDENT DISTRIBUTOR

MONTH OF	. 20

TOBACCO PRODUCTS SOLD TO DELAWARE CUSTOMERS

NAME:			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:

## 2012 SCHEDULE NPM CIGARETTE SALES OF NON-PARTICIPATING MANUFACTURER BRANDS

MONTH 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 st	ertify that the above stated information is true an and correct					
				Signature		Date