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

2013
FORM TP-1
WHOLESALE DEALER'S MONTHLY REPORT OF OTHER TOBACCO PRODUCTS

FOR OFFICE USE ONLY REVENUE CODE: 0036-01

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

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

LINE NUMBER	TOBACCO PRODUCTS ACCOUNT	TOTAL
1 (Complete Schedule OTP-A)	RESIDENT DISTRIBUTOR WHOLESALE PRICE OF TOBACCO PRODUCTS PURCHASED AND BROUGHT INTO DELAWARE OR MANUFACTURED IN DELAWARE	
2 (Complete Schedule OTP-B)	WHOLESALE PRICE PAID FOR TOBACCO PRODUCTS SOLD TO OUT OF STATE WHOLESALERS AND RETAILERS	( )
3 (Complete Schedule OTP-E)	NONRESIDENT DISTRIBUTOR WHOLESALE PRICE OF TOBACCO PRODUCTS SOLD TO DELAWARE WHOLESALE AND RETAIL DEALERS	
4 (Complete Schedule OTP-C)	WHOLESALE PRICE OF TOBACCO PRODUCTS RETURNED TO MANUFACTURER	( )
5 (Complete Schedule OTP-D)	WHOLESALE PRICE OF TOBACCO PRODUCTS SOLD TO EXEMPT ORGANIZATIONS	( )
6	TOTAL	
7	LINE 6 x (0.15)	
8	TOTAL OUNCES OF TAXABLE MOIST SNUFF x (0.54)	
9	TOTAL TAX DUE	

SCHEDULE		CIGARETTE EQUIVALENT	OTHER OUNCES
NPM	PRODUCTS PURCHASED FROM NON-PARTICIPATING MANUFACTURER		

THIS REPORT AND SCHEDULES OTP-A, OTP-B, OTP-C, OTP-D, OTP-E AND NPM-RYO 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

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 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**

STATE OF DELAWARE
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820 NORTH FRENCH ST.
P.O. BOX 8911
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2013
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*

STATE OF DELAWARE
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2013
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

STATE OF DELAWARE
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2013
SCHEDULE OTP-C
RESIDENT OR NONRESIDENT DISTRIBUTOR
TOBACCO PRODUCTS RETURNED TO MANUFACTURER

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

STATE OF DELAWARE
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2013
SCHEDULE OTP-D
RESIDENT OR NONRESIDENT DISTRIBUTOR
TOBACCO PRODUCTS SOLD TO EXEMPT ORGANIZATIONS

MONTH OF ______________________________, 20___

NAME: ____

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
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2013
SCHEDULE OTP-E
NONRESIDENT DISTRIBUTOR
TOBACCO PRODUCTS SOLD TO DELAWARE CUSTOMERS

MONTH OF ______________________________, 20___

NAME: ____ *EMPLOYER IDENTIFICATION NUMBER:* ____________________________________

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

STATE OF DELAWARE
DIVISION OF REVENUE

2013
SCHEDULE NPM
CIGARETTE SALES OF

MONTH OF _____, 20_____

WILMINGTON, DE 19899-8911

BUSINESS NAME & ADDRESS: _____ ***EMPLOYER IDENTIFICATION NUMBER:*** _____

CONTACT PERSON: _____ ***TELEPHONE NUMBER:*** _____

	20'S	25'S				

I certify that the above stated information is true and correct _____ _____

Signature *Date*

(Revised 01/28/13)