Form **OR-511-OUT**

Oregon **Out-of-state Cigarette Distributor Quarterly Reconciliation Report**



Revenue use only

Tax Year 2022

Date received

Due date is by the 20th day following this reporting period.

This form is for use by an Oregon-licensed distributor whose warehouse is located outside Oregon. The report must be filed quarterly, even if there is no activity during the quarter.

| Period end date | | Federal employer ID number (FEIN) | | Social security number (SSN) | | Oregon I | Oregon license or account number | |
|-----------------|---|---|------------|------------------------------|-----------------|----------|----------------------------------|--|
| Busir | ness name (complete if rep | orting with a FEIN) | | | | | | |
| First | name (complete if reporting | g with a SSN) | ast name | | | | | |
| DBA | /ABN | | | | | | | |
| Addr | ress | | | | | | | |
| City | | | | | | State | ZIP code | |
| Cont | act person | | | Contact | phone | | | |
| | Amended | New name | New ma | ailir | ig address | | | |
| | | | | | 20-pack | | 25-pack | |
| Par | rt 1—Oregon cigaı | rette taxable distribution | | | Number of packs | 1 | Number of packs | |
| 1. | Number of cigarette packs shipped into Oregon this period (attach Schedule OR-CIG-C). | | | | | | | |
| 2. | | inventory of stamped packs. | | | | | | |
| 3. | Add ending invento | ry of stamped packs. | | | | | | |
| 4. | Subtract stamped p | Subtract stamped product received, such as customer returns. | | | | | | |
| 5. | | | | | | | | |
| 6. | (ii) non-Oregon sales; (iii) destroyed affixed stamps; etc. Total number of packs stamped this period. | | | | | | | |
| | | cigar taxable distribution | | | | | | |
| | (attach Schedule O | | | | | | | |
| 8. | Subtract beginning | inventory of stamped little cigar pa | acks. | | | | | |
| 9. | Add ending invento | ry of stamped little cigar packs. | | | | | | |
| 10. | Subtract stamped p | product received, such as custome | r returns. | | | | | |
| 11. | | ucts: (i) Returned to Manufacturer; (lestroyed affixed stamps; etc. | (ii) non- | | | | | |
| 12. | | e cigars packs stamped this period | l. | | | | | |

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| Par | t 3–Oregon stamp reconciliation | |
|-----|--|--|
| 13. | Beginning quantity of unused stamps (equal to the ending quantity from your prior return). | |
| 14. | Add "total quantity of stamps purchased" from the stamp purchase schedule on page 3. | |
| 15. | Subtract ending quantity of unused stamps. | |
| 16. | Subtotal quantity of stamps used during reporting period. | |
| 17. | Subtract quantity of stamps that were verified as cancelled and refunded by a Department of Revenue agent. | |
| 18. | Total quantity of stamps used during reporting period. | |
| 19. | Difference: Line 6 plus line 12 minus line 18. | |

Under penalties for false swearing [ORS 305.990(4)], I declare that I have examined this report, including accompanying schedules and statements. To the best of my knowledge and belief, it is true, correct, and complete.

| Signature | Date |
|-----------|-------|
| X | |
| Title | Phone |
| | |

Send to: Cigarette Tax, Oregon Department of Revenue, PO Box 14110, Salem OR 97309-0910



Stamp purchase schedule Quantity of stamps purchased during this quarterly reporting period (List by date and quantity)

| Date purchased | 20-pack Number of stamps | 25-pack Number of stamps |
|--|------------------------------------|------------------------------------|
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| Total quantity of stamps purchased for this quarter | | |