Form OR-511-IN

## Oregon In-state Cigarette Distributor Quarterly Reconciliation Report Tax Year 2023



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For Revenue use only
Date received

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

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 li	Oregon license or account number	
Business name (complete	e if reporting with a FEIN)					
First same (complete if re		Initial	L oot nome			
First name (complete if re	porting with a SSN)	Initial	Last name			
DBA/ABN						
Address						
City				State	ZIP code	
Contact person					Contact phone	
Amended	New name	] New ma	iling address			
			20-pack		25-pack	
Part 1-Cigarette s	stock summary		Number of packs	N	lumber of packs	
-	ntory of unstamped cigarettes					
(from your previ						
	received from manufacturers and supplie	rs				
(attach Schedul						
3. Add customer r	eturns (unstamped and other state stam)	oed).				
1 Subtract ending	g inventory of unstamped cigarettes					
-	sigarettes with other states' stamps affixe	ed)				
	distributed during reporting period.	,a).				
er iela eiga ellee						
6. Subtract tax-ex	empt cigarette distribution and prestamp	ed				
cigarettes (attach Schedule OR-CIG-C).						
7. Oregon taxable	cigarette distribution.					
Part 2-Little cigar		r proviouo	Number of packs	N	lumber of packs	
return).	ntory of unstamped little cigars (from you	rprevious				
,	received from manufacturers and suppli	ers				
(attach Schedule OR-LC-A).						
10. Add customer returns (unstamped and other state stamped).						
11. Subtract ending	g inventory of unstamped little cigars (inc	lude				
those little cigars with other states' stamps affixed).						
12. Total little cigars distributed during reporting period.						
13. Subtract tax-ex	empt little cigars distribution and prestar	nped little				
cigars (attach Schedule OR-LC-C).						
14. Oregon taxable little cigars distribution.						

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Part 3—Quantity of unaffixed stamps		Number of stamps	Number of stamps
15.	Beginning quantity of unused stamps (from your previous return).		
16.	Add "total quantity of stamps purchased" from the stamp		
	purchase schedule on page 3.		
17.	Subtract ending quantity of unused stamps.		
18.	Subtotal quantity of stamps used during reporting period.		
19.	Subtract quantity of stamps that were verified as canceled		
	and refunded by a Department of Revenue agent.		
20.	Total quantity of stamps used during reporting period.		
21.	Difference: Line 7 plus line 14 minus line 20.		

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	<b>20-pack</b> Number of stamps	<b>25-pack</b> Number of stamps
Total quantity of stamps purchased for this quarter		