FORM 1074

STATE OF DELAWARE
DIVISION OF REVENUE
RESIDENT WHOLESALE DEALER'S
MONTHLY REPORT OF
CIGARETTE AND CIGARETTE TAX STAMPS

FOR OFFICE USE ONLY REVENUE CODE: 0035-02

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

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

		PACKAGES OF CIGARETTES		
SCHEDULE	**CIGARETTE ACCOUNT**	**20'S**	**25'S**	**TOTAL**
	ON HAND AT BEGINNING OF MONTH (STAMPED)			
	ON HAND AT BEGINNING OF MONTH (UNSTAMPED)			
1074-A	RECEIVED FROM MANUFACTURERS (STAMPED)			
1074-A	RECEIVED FROM MANUFACTURERS (UNSTAMPED)			
1074-B	RECEIVED FROM OTHER THAN MNFR (STAMPED)			
1074-B	RECEIVED FROM OTHER THAN MNFR (UNSTAMPED)			
	SOLD IN DELAWARE			
1074-C	SOLD TO DELAWARE AFFIXING AGENTS			
1074-D	SOLD OUTSIDE DELAWARE			
1074-E	SOLD TO EXEMPT ORGANIZATIONS IN DELAWARE			
NPM	PRODUCTS PURCHASED FROM NPM			
	DESTROYED, LOST OR STOLEN (STAMPED)			
	DESTROYED, LOST OR STOLEN (UNSTAMPED)			
	RETURNED TO MANUFACTURERS (STAMPED)			
	RETURNED TO MANUFACTURERS (UNSTAMPED)			
	INVENTORY AT END OF MONTH (STAMPED)			
	INVENTORY AT END OF MONTH (UNSTAMPED)			
	STAMP ACCOUNT	**STAMPS**		
		$1.60	**$2.00**	
	ON HAND BEGINNING OF MONTH (UNAFFIXED)			
	RECEIVED FROM DOR DURING MONTH			
	SUBTOTAL			
	STAMPS AFFIXED DURING MONTH	( )	( )	
	ON HAND AT END OF MONTH (UNAFFIXED)			

THIS REPORT AND SCHEDULES 1074A, 1074B, 1074C,1074D, 1074E AND NPM-CIG 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, BY EVERY WHOLESALER IN DELAWARE. WHOLESALE DEALERS WHO HAVE A DELAWARE PERMIT BUT WHO ARE SITUATED OUTSIDE DELAWARE MUST FILE MONTHLY REPORTS ON FORM 1075

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

SIGNATURE OF LICENSEE OR OFFICER THEREOF **TITLE** **DATE**

(Revised 07/30/09)

STATE OF DELAWARE
DIVISION OF REVENUE

FORM 1074-A
RESIDENT WHOLESALER
CIGARETTES RECEIVED FROM MANUFACTURERS

MONTH OF _____, 20___

NAME: _____ *EMPLOYER IDENTIFICATION NUMBER:* _____

				STAMPED		UNSTAMPED	
DATE RECEIVED	INVOICE NUMBER	DELIVERY CARRIER	NAME AND ADDRESS OF MANUFACTURER	20'S	25'S	20'S	25'S
			TOTAL				

STATE OF DELAWARE
DIVISION OF REVENUE

FORM 1074-B
RESIDENT WHOLESALER
CIGARETTES RECEIVED FROM OTHER THAN MANUFACTURER

MONTH OF _____, 20___

NAME: _____

EMPLOYER IDENTIFICATION NUMBER: _____

		STAMPED		UNSTAMPED	
DATE	NAME AND ADDRESS	20'S	25'S	20'S	25'S
	TOTAL				

STATE OF DELAWARE
DIVISION OF REVENUE

FORM 1074-C
RESIDENT WHOLESALER
CIGARETTES SOLD TO DELAWARE AFFIXING AGENTS

MONTH OF _____, 20___

NAME: _____ *EMPLOYER IDENTIFICATION NUMBER:* _____

		STAMPED		UNSTAMPED	
DATE	NAME AND ADDRESS	20'S	25'S	20'S	25'S
	TOTAL				

STATE OF DELAWARE
DIVISION OF REVENUE

FORM 1074-D
RESIDENT WHOLESALER
CIGARETTES SOLD OUTSIDE DELAWARE

MONTH OF _____, 20___

NAME: _____

EMPLOYER IDENTIFICATION NUMBER: _____

DATE	NAME	ADDRESS	20'S	25'S	TOTAL

STATE OF DELAWARE
DIVISION OF REVENUE

FORM 1074-E
RESIDENT WHOLESALER
CIGARETTES SOLD TO EXEMPT ORGANIZATIONS

MONTH OF _____, 20___

NAME: _____ *EMPLOYER IDENTIFICATION NUMBER:* _____

DATE	NAME AND ADDRESS	20'S	25'S

SCHEDULE NPM
CIGARETTE SALES OF
NON-PARTICIPATING MANUFACTURER BRANDS

MONTH OF _____, 20___

BUSINESS NAME & ADDRESS: _____ ***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 BRAND WAS PURCHASED	NAME & ADDRESS OF THE FIRST IMPORTER OF FOREIGN MANUFACTURED BRANDS
	20'S	25'S				

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

Signature *Date*

(Revised 07/2009)