FORM 1075

2013

STATE OF DELAWARE

DIVISION OF REVENUE

NON-RESIDENT WHOLESALE DEALER'S

MONTHLY REPORT OF

CIGARETTE AND CIGARETTE TAX STAMPS

SIGNATURE OF LICENSEE OR OFFICER THEREOF

EOD	OFFICE	HISE ONLY	REVENUE	CODE	0035.0

DATE

NAME:		EMPLOYER IDENTIFICATION NUMBER:			
ADDRESS:		REPORT FOR MONTH O	F:		
O/TV:		TELEBUONE NUMBER			
CITY:		TELEPHONE NUMBER:			†
STATE:	ZIP CODE:	FAX NUMBER:			
NO NON-PARTIC	CIPATING MANUFACTURER PRODUCTS SOLD INTO DELAWARE: []	NO I 1 IF YES. CO	MPLETE SCHEDULE I	NPM	
			KAGES OF CIGAR		٦
SCHEDULE	CIGARETTE ACCOUNT	20'S	25'S	TOTAL	
1075-A	SOLD IN DELAWARE				
1075-B	SOLD TO DELAWARE AFFIXING AGENTS				
1075-C	SOLD TO TAX EXEMPT ORGANIZATIONS IN				
	DELAWARE				
NPM	NPM PRODUCTS SOLD IN DELAWARE				
	RETURNED TO MANUFACTURER (STAMPED)				
	INVENTORY BEGINNING OF MONTH (STAMPED)				THIS REPORT AND SCHEDULES 1075A, 1075B,
	INVENTORY END OF MONTH (STAMPED)				1075C AND NPM-CIG ARE TO BE
	STAMP ACCOUNT	STA	MPS		FILED WITH THE DELAWARE DIVISION OF
		\$1.60	\$2.00		REVENUE, P.O. BOX 2340, WILMINGTON, DE 19899
	ON HAND AT BEGINNING OF MONTH (UNAFFIXED)				ON OR BEFORE THE 20TH DAY OF EACH MONTH
	RECEIVED FROM DELAWARE DIVISION OF REVENUE				FOR THE PRECEDING MONTH
	SUBTOTAL				
	STAMPS AFFIXED DURING MONTH	()	()		-
	ON HAND AT END OF MONTH (UNAFFIXED)				
AFFADAVIT:	I hereby swear under penalty of perjury that the foregoing return has been ex	amined by me and that a	all information contained h	herein, including any acco	mpanying schedules or statements is true and correct; and that this
	constitutes a complete return for the month stated, pursuant to law. I also sw	rear that the licensee is in	n compliance with the UN	IFAIR CIGARETTE SALE	ACT, Chapter 26 of Title 6 of the Delaware Code.
					·

TITLE

STATE OF DELAWARE DIVISION OF REVENUE

FORM 1075-A NON-RESIDENT WHOLESALER CIGARETTES SOLD IN DELAWARE

MONTH OF	_ :	20

NAME: EMPLOYER IDENTIFICATION NUMBER:	
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DATE	NAME	ADDRESS	20'S	25'S	TOTAL
					<u> </u>
					<u> </u>
		TOTAL			<u> </u>



STATE OF DELAWARE DIVISION OF REVENUE

FORM 1075-B NON-RESIDENT WHOLESALER CIGARETTES SOLD TO DELAWARE AFFIXING AGENTS

MONTH OF	. 20
	. 20

NAME: EMPLOYER IDENTIFICATION NUMBER:	
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			STAM	IPED	UNSTAMPED	
DATE	NAME AND ADDRESS		20'S	25'S	20'S	25'S
			+			
			+			
			+			
			+			
		TOTAL				



STATE OF DELAWARE DIVISION OF REVENUE

FORM 1075-C NON-RESIDENT WHOLESALER CIGARETTES SOLD TO EXEMPT ORGANIZATIONS

MONTH OF	. 20
	, 20

NAME:	EMPLOYER I	EMPLOYER IDENTIFICATION NUMBER:				
DATE	NAME AND ADDRESS		20'S	25'S		
		TOTAL				



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 PACKS		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	OF KIO	MANOTACTORER NAME & ADDRESS	BRAND WAS PURCHASED	MANUFACTURED BRANDS		
I certify that the above state	ed informatio	on is true or	nd correct					
Toermy mai me above stat	eu iiiioiiiialio	ııı ıs uu c al	iu con c cl.	Signature		 Date		

(Revised 01/28/13)

