STATE OF DELAWARE DIVISION OF REVENUE 820 NORTH FRENCH ST. P.O. BOX 2340 WILMINGTON, DE 19899 TELEPHONE: 302-577-8268

NAME:

ADDRESS:

NPM

AFFADAVIT:

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

FOR	OFFICE USE ONLY	REVENUE CODE:	0036-01

CITY:		TELEPHONE NUMBER:			
STATE:	ZIP CODE:	FAX NUMBER:			
	G MANUFACTURER PRODUCTS SOLD INTO DELAWARE: [ ] NO	[ ] IF YES, COMPLE	TE SCHEDULE NPM		·
LINE NUMBER	TOBACCO PRODUCTS AC	COUNT		TOTAL	
1	RESIDENT DISTRIBUTOR WHOLESALE PRICE OF TOBACCO PRODUCTS PURC	HASED			
(Complete Schedule OTP-A)	AND BROUGHT INTO DELAWARE OR MANUFACTURED IN DELAWARE				
2	WHOLESALE PRICE PAID FOR TOBACCO PRODUCTS SOLD TO OUT OF STATE	Ē			
(Complete Schedule OTP-B)	WHOLESALERS AND RETAILERS			( )	
3	NONRESIDENT DISTRIBUTOR WHOLESALE PRICE OF TOBACCO PRODUCTS S DELAWARE WHOLESALE AND RETAIL DEALERS	SOLD TO			
(Complete Schedule OTP-E)	DELAWARE WHOLEOALE AND RETAIL DEALERO				THIS REPORT AND SCHEDULES OTP-A, OTP-B,
4					OTP-C, OTP-D, OTP-E AND NPM-RYO ARE TO BE
(Complete Schedule OTP-C)	WHOLESALE PRICE OF TOBACCO PRODUCTS RETURNED TO MANUFACTURE	R		( )	FILED WITH THE DELAWARE DIVISION OF
5					REVENUE, P.O. BOX 2340, WILMINGTON, DE 1989
(Complete Schedule OTP-D)	WHOLESALE PRICE OF TOBACCO PRODUCTS SOLD TO EXEMPT ORGANIZAT	ONS		( )	ON OR BEFORE THE 20TH DAY OF EACH MONTH
6	TOTAL				FOR THE PRECEDING MONTH
7	LINE 6 x (0.15)				
8	TOTAL OUNCES OF TAXABLE MOIST SNUFF x (0.54)				
9	TOTAL TAX DUE				
			CIGARETTE	OTHER	
SCHEDULE			EQUIVALENT	OUNCES	

**EMPLOYER IDENTIFICATION NUMBER:** 

REPORT FOR THE MONTH OF:

SIGNATURE OF LICENSEE OR OFFICER

PRODUCTS PURCHASED FROM NON-PARTICIPATING MANUFACTURER

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

TITLE

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

DATE

PHONE NUMBER



## SCHEDULE OTP-A RESIDENT DISTRIBUTOR TOBACCO PRODUCTS PURCHASE SCHEDULE

MONTH OF	, 20

NAME:	EMPLOYER IDENTIFICATION NUMBE	

DATE SHIPPED	INVOICE NUMBER	INVOICE DATE	NAME & ADDRESS OF ENTITY FROM WHOM TOBACCO PRODUCTS WERE PURCHASED	WHOLESALE PRICE*	OUNCES OF MOIST SNUFF*
SHIFFLD	HOMIDEK	DAIL	TODAGGOT NODGGTO WEILE TONGTIAGED	I INIOL	
					•



## 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
				1	
				1	
				1	
				1	



#### 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



NAME: \_\_\_\_\_

### TOBACCO PRODUCTS SOLD TO EXEMPT ORGANIZATIONS

	MONTHUE	_, _U
SCHEDULE OTP-D		
RESIDENT OR NONRESIDENT DISTRIBUTOR		
CO PRODUCTS SOLD TO EXEMPT ORGANIZATION	IS	

EMPLOYER IDENTIFICATION NUMBER:

				_	
DATE SHIPPED	INVOICE NUMBER	INVOICE DATE	NAME & ADDRESS OF EXEMPT ORGANIZATION	WHOLESALE PRICE	OUNCES OF MOIST SNUFF



NAME: \_\_\_\_\_

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

	MONTH OF	, 20	
<u>.</u>			
UTOR			

EMPLOYER IDENTIFICATION NUMBER:

DATE SHIPPED	INVOICE NUMBER	INVOICE DATE	NAME & ADDRESS OF DELAWARE CUSTOMER	WHOLESALE PRICE	OUNCES OF MOIST SNUFF
<u> </u>					
					+
					+
					+
					+
					+
					1
					1



(Revised 01/28/13)

#### **SCHEDULE NPM CIGARETTE SALES OF NON-PARTICIPATING MANUFACTURER BRANDS**

MONTH OF	. 20
	, 20

BUSINESS NAME & ADDRESS:  CONTACT PERSON:				EMPLOYER	EMPLOYER IDENTIFICATION NUMBER:			
				TELEPHONE NUMBER:				
BRAND NAME	NUMBER OF CIGARETTE PACKS SOLD		OUNCES OF	NON-PARTICIPATING	NAME & ADDRESS OF THE PERSON(S) FROM WHOM EACH	NAME & ADDRESS OF THE FIRST IMPORTER OF FOREIGN		
	20'S	25'S	RYO	MANUFACTURER NAME & ADDRESS	BRAND WAS PURCHASED	MANUFACTURED BRANDS		
I certify that the above s	tated informa	tion is true a	and correct					
				Signature		Date		