

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)			
	<b>STAMP ACCOUNT</b>	<b>STAMPS</b>		
		<b>\$1.60</b>	<b>\$2.00</b>	
	ON HAND BEGINNING OF MONTH (UNAFFIXED)			
	RECEIVED FROM DOR DURING MONTH			
	<b>SUBTOTAL</b>			
	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











