## Form OR-511-IN

#### Oregon In-state Cigarette Distributor Quarterly Reconciliation Report Tax Year 2024



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)	Soci	Social security number (SSN)		Oregon license or account number		
Business name (complete	e if reporting with a FEIN)						
First name (complete if re	porting with a SSN)	Initia	al	Last name			
DBA/ABN		·					
Address							
City					State	ZIP code	
Contact person				Contact phone			
Amended	New name	New r	mai	ling address			
				20-pack		25-pack	
Part 1—Cigarette s	stock summary			Number of packs	N	Number of packs	
• •	ntory of unstamped cigarettes						
(from your previ	ous return). received from manufacturers and suppli	ore					
(attach Schedul		ers					
3. Add customer r	eturns (unstamped and other state stan	nped).					
4. Subtract ending	inventory of unstamped cigarettes						
	igarettes with other states' stamps affix	(ed).					
5. Total cigarettes	distributed during reporting period.						
	empt cigarette distribution and prestam	ped					
	ch Schedule OR-CIG-C).						
7. Oregon taxable	cigarette distribution.						
Part 2—Little cigar	stock summary			Number of packs	N	umber of packs	
	ntory of unstamped little cigars (from you	ur previou	ıs				
return).							
9. Add little cigars (attach Schedul	received from manufacturers and supp e OR-I C-A).	liers					
•	eturns (unstamped and other state stan	nped).					
11 Subtract ending	g inventory of unstamped little cigars (in	clude					
-	rs with other states' stamps affixed).	olado					
	s distributed during reporting period.						
13. Subtract tax-ex	empt little cigars distribution and presta	amped littl	le				
cigars (attach S	chedule OR-LC-C).	· 					
14. Oregon taxable	little cigars distribution.						

150-105-051 (Rev. 07-17-23 ver. 01)

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Part	3—Quantity of unaffixed stamps	Number of	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.			
	er penalties for false swearing [ORS 305.990(4)], I declare that I have statements. To the best of my knowledge and belief, it is true, correct			accompanying schedules
Signature			Date	
Χ				
Title		F	Phone	

Send to: Cigarette Tax, Oregon Department of Revenue, PO Box 14110, Salem OR 97309-0910

150-105-051 (Rev. 07-17-23 ver. 01)



# 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
	Number of Stamps	Number of Stamps
Total quantity of stamps purchased for this quarter		