

OUT OF STATE CIGARETTE TAX REPORT OKLAHOMA FULL TAX RATE ONLY

OKLAHOMA TAX COMMISSION
 2501 LINCOLN BOULEVARD
 AUDIT DIVISION - CIGARETTE TAX SECTION
 OKLAHOMA CITY, OK 73194-0010

AUDITOR ONLY	
Date	By
_____	_____
_____	_____
_____	_____

Name of Firm: _____	Contact Person: _____
Street Address: _____	Contact Phone Number: _____
City: _____ State: _____ Zip: _____	FEI Number: _____
Report for Period: _____, _____	Cigarette License Number: _____

STAMP ACCOUNT	20s	Auditor	25s	Auditor
1. On Hand - Beginning of Period	_____	_____	_____	_____
2. Purchased - This Period (Sch. 16-20)	_____	_____	_____	_____
3. Total	_____	_____	_____	_____
Deductions:				
4. Stamps Affixed - This Period	_____	_____	_____	_____
5. Other Legal Deductions	_____	_____	_____	_____
6. Total Deductions	_____	_____	_____	_____
7. On Hand - Close of Period	_____	_____	_____	_____

STAMPED MERCHANDISE ACCOUNT	20s	Auditor	25s	Auditor
8. On Hand - Beginning of Period	_____	_____	_____	_____
9. Stamped - This Period	_____	_____	_____	_____
10. Acquired from other sources (Sch. 16-1-J)	_____	_____	_____	_____
11. Adjustment - Shortage	_____	_____	_____	_____
12. Total	_____	_____	_____	_____
Deductions:				
13. SOLD to Oklahoma Dealers (Sch. 16-1-B-R-85)	_____	_____	_____	_____
14. Other Legal Deductions	_____	_____	_____	_____
15. Adjustment - Overstamped	_____	_____	_____	_____
16. Total Deductions	_____	_____	_____	_____
17. On Hand - Close of Period	_____	_____	_____	_____

This report must be filled out completely and in detail and submitted within 10 days following the end of the preceding reporting period.

I, the undersigned wholesaler, distributor, jobber or duly authorized legal representative thereof do declare under the penalties of perjury that this report, including the accompanying schedules which are made a part hereof, is to the best of my knowledge and belief true and correct.

Dated: _____ Signature: _____ Official Title: _____