Form 17-3
Revised 5-2012

Monthly Report of Common Carriers Transporting Cigarettes and Tobacco Products Into or Out of Oklahoma

Oklahoma Tax Commission
Excise Tax Section, Audit Division
2501 North Lincoln Boulevard
Oklahoma City, OK 73194
(405) 521-3242
www.tax.ok.gov

Name: _____ License Number: _____ Report Month: _____

Address: _____ Phone Number: _____ Contact Person: _____

This report must be filed with the Oklahoma Tax Commission on or before the 10th day of the month covering all shipments for the previous month.

Delivery Date	Shippers Number or PO Number	Supplier (Not Warehouse) (Full Name and Address)	Shipped From (Full Address - City, State)	Delivered to Whom	Where Delivered (Full Address - City, State)	Number of Cases

You must attach a copy of the itemized signed bill of lading for each shipment.

I declare that the information contained in this document and any attachments is true and correct to the best of my knowledge and belief.

_____ Authorized Signature

_____ Date