Form **514**

2004 OREGON CIGARETTE CONSUMER'S MONTHLY TAX REPORT

	REVENUE USE ONLY							
	Date Received							
•								
	Payment Received							
•								

Reporting Period	t	Social Security No.		Oregon Business ID No.				ode	ear/	Period	Liabi	lity
Month:		•	<u> </u>				514	ļ †	04		<u> </u>	1
	Name								7			
	INGINE											
	Mailing Addres	ss										
	City				State	Zip Code						
		Please use	blue or bla	ck ink wl	nen filling o	out this for	m.					
Type of enti	ty: 🗌 Ind	dividual 🗌 Partnershi	ip 🗆 Co	rporatio	on 🗆 Ot	ther:						
		Complete Sched	ule A (be	elow) l	before f	illing in	lines	1–5.				
1. Total nu	mber of ci	garettes (from Schedule	A, line 8 b	elow)					1			
										× 0.0)59	
		ine 1 by 0.059)										
		st (see instructions)										
-		es 3 and 4)										
o. 101a. a.	ac (aaa iii i	50 0 and 1,							•			
	Sched	ule A—List all cigarette	es purchas	ed for t	his period	(add add	ditional p	ages	if need	ed).		
		turer or supplier		Invoice No. of Cig					Cigarett		f Cigaı	
	or whom cig	arettes were received	Numbe	er	Date	10-p	ack	20)-pack	2	5-pac	k
1.												
2.												
3.												
4.												
5.												
6.						7-		76		7-		
7. Total. Enter totals for each column in 7a, 7b, or 7c.						7a.		7b.			7c.	
	mber of ciga	arettes. (Add boxes 7a, 7b, of form.)	and 7c. Ent	er total l	nere					8.		
			DEC	LARAT	ION							
	•	nalties for false swearing e, correct, and complete.	-	.990(4)] that I ha	ve exami	ned this	docur	ment ar	nd to the	best	of
Signature					Date							
PRINT Name Sig	ned Above			Title				Teleph	none No.			

INSTRUCTIONS

General information

If you have purchased unstamped cigarettes, either over the Internet or from some other source, you are responsible for paying the tax. If the distributor does not pay the tax, the consumer or user of the cigarettes must file a report and remit the tax due. The report is due on or before the 20th day of the month following receipt of the cigarettes for the preceding calendar month. If the 20th falls on a Saturday, Sunday, or legal holiday, the report is due the next business day. The report should show the number of cigarettes received by the consumer or user in the preceding calendar month. The tax is \$0.059 per cigarette, which calculates to \$1.18 per package of 20.

By law, you can receive up to 199 cigarettes in a single lot or shipment and not be subject to the tax. If you order more than 199 cigarettes in a single lot or shipment, all of the cigarettes purchased are subject to the tax.

What is the applicable law? This publication is not a complete statement of Oregon laws. For more information, refer to the laws and rules, Oregon Revised Statutes (ORS) 323.005 through 323.995.

Instructions

Please use blue or black ink when filling out this form.

Enter information in the boxes at the top as follows:

- "Month"—Enter the month that you received the cigarettes (January, February, March, etc.).
- Enter your Social Security number and/or Oregon Business Identification Number (BIN). If you do not have a BIN, one will be assigned when your report is received.
- "Period"—Enter "1" for January, "2" for February, etc., through December.

Enter your name and address information.

Put an X in the appropriate box for type of entity.

Complete the "Schedule A" portion of this report before completing lines 1 through 5 at the top of the form. If you need additional space, attach additional sheet(s) with the same information requested in Schedule A.

Line 1 (at top of form). Enter the total number of cigarettes purchased in Oregon during the reporting period (from Schedule A, line 8).

Line 3. Tax due. Multiply the number of cigarettes entered on line 1 by 0.059.

Line 4. Penalty and interest. A penalty is imposed if you mail your report and pay the tax after the tax due date. The penalty is 5 percent of the unpaid tax. If you file more than three months after the due date, add an additional penalty of 20 percent of the unpaid tax.

Interest is imposed on any unpaid tax from the due date until the date payment in full is received. The interest rate as of January 1, 2004, is 6 percent annually, or 0.5000 percent per month (0.0164 percent per day). The interest rate may change once a calendar year.

Line 5. Total due (add lines 3 and 4).

Sign and date your report. Please do not use red ink or staple your check or money order to this report.

Mail this report with your check payable to:

Cigarette Tax Oregon Department of Revenue PO Box 14110 Salem OR 97309-0910

Please keep a copy of your completed form with your records.

Taxpayer assistance

Contact us by:	Telephone	503-945-8120
	Salem tip line	503-947-2106
	Toll-free tip line1	-866-840-2740

TTY (hearing or speech impaired; machine only): 503-945-8617 (Salem) or 1-800-886-7204 (toll-free within Oregon).

Americans with Disabilities Act (ADA): This information is available in alternative formats. Call 503-378-4988 (Salem) or 1-800-356-4222 (toll-free within Oregon).

For general tax information: www.dor.state.or.us

Asistencia en español. Llame al 503-945-8618 en Salem o llame gratis al 1-800-356-4222 en Oregon.