

**CIGARETTE TAX REPORT  
 IN-STATE FULL TAX RATE ONLY  
 OKLAHOMA TAX COMMISSION - AUDIT DIVISION  
 2501 LINCOLN BOULEVARD  
 OKLAHOMA CITY, OK 73194-0010**

AUDITOR ONLY	
Date	By
_____	_____
_____	_____
_____	_____

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

INVENTORY OF CIGARETTE TAX STAMPS	
1. On Hand-Beginning of Period	
2. Add: Stamps Purchased (Form 16-20)	
3. Total	
4. Deduct: Stamps Affixed	
5. Other Legal Deductions (Attach documentaton)	
6. Total Deductions	
7. On Hand-Close of Period	ACTUAL COUNT

Number of Stamps			
\$1.03	AUDITOR	\$1.2875	AUDITOR

INVENTORY OF UNSTAMPED CIGARETTE PACKAGES	
8. Stock on Hand-Beginning of Period	
9. Add: Unstamped Cigarettes Purchased (Form 16-1-A)	
10. Adjustment-Unaccountable	
11. Total	
12. Deduct: Packages Stamped (from line 4)	
13. Sales to Gov't. Agencies (Form 16-1-G)	
14. Other Legal Deductions (Attach documentation)	
15. Adjustments-Shortage	
16. Total Deductions	
17. On Hand-Close of Period	ACTUAL COUNT

Number of Unstamped Packages			
No. of Pkgs. 20's	AUDITOR ONLY	No. of Pkgs. 25's	AUDITOR ONLY

INVENTORY OF STAMPED CIGARETTE PACKAGES	
18. On Hand-Beginning of Period	
19. Add: Packages Stamped (from line 4)	
20. Stamped Cigarettes Purchased (Form 16-1-J)	
21. Total	
22. Deduct: Sales to Licensed Retailers	
23. On Hand-Close of Period	ACTUAL COUNT

Number of Stamped Packages			
No. of Pkgs. 20's	AUDITOR ONLY	No. of Pkgs. 25's	AUDITOR ONLY

This report must be filled out completely and in detail (including stamped cigarette inventory) 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: \_\_\_\_\_

\*NOTE: If out of balance, please make the proper adjustment. If you file multiple tax type reports please place your remittance if applicable at the top.