

COMMON CARRIER'S REPORT OF CIGARETTE DELIVERIES
of Interstate or Foreign Shipments of Cigarettes Destined California Points

CODE NUMBER (For BOE Use Only)

IMPORTANT—Read instructions on reverse side before completing report.

FOR MONTH OF

Year

Page

of

Pages

NAME OF CARRIER

MAILING ADDRESS

NAME OF SHIPPER ORIGIN (CITY AND STATE OR COUNTRY)	NAME OF CONSIGNEE AND CALIFORNIA CITY WHERE DELIVERY MADE	BOE USE ONLY CODE NUMBER	R.R. CAR NUMBER OR NAME OF VESSEL OR TT IF BY MOTOR CARRIER	RAILROAD WAYBILL OR SHIP BILL OF LADING OR MOTOR CARRIER PRO NUMBER		NUMBER OF CASES OR BALES	SIZE OF CASE OR BALE
				DATE	NUMBER		
A	B	C	D	E	F	G	H
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

CERTIFIED CORRECT

TITLE

**INSTRUCTIONS FOR COMPILING
STATE BOARD OF EQUALIZATION FORM BOE-1071**

Prepare report in duplicate, retain copy and mail original to:

State Board of Equalization
Special Taxes and Fees
PO Box 942879
Sacramento, California 94279-0088

A report on this form must be filed on or before the 25th day of each month covering cigarette deliveries made during the preceding calendar month. A report must be filed each month whether or not any deliveries are made.

COLUMN

- | | |
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| A | Enter the complete name of shipper and the city and state or country in which the shipment originated. |
| B | Enter the name of the consignee to whom delivery was made and the California city in which delivery was made. |
| C | Do not write in this column. |
| D | If the shipment entered California by railroad, the car initials and number in which shipment was contained must be shown.

If the shipment entered California by water, the voyage number and the name of the vessel in which the shipment was transported into California must be shown.

If the shipment entered California by motor carrier, the letters TT must be shown. |
| E & F | If the shipment entered California by railroad, the waybill date and number must be shown.

If the shipment entered California by water, the steamship bill of lading date and number must be shown.

If the shipment entered California by motor carrier, the pro number (or freight bill number) and date must be shown. |
| G | Show the total number of cases or bales of cigarettes contained in the shipment. |
| H | List (in thousands, i.e., 3M, 5M, 6M, 10M, 12M) the number of cigarettes per case or bale. |

Certification: The correctness of the report must be certified to by a representative of the carrier filing the report. If a multiple page report is filed, only 1 page of the report need be certified.

If you need additional information, please contact the State Board of Equalization, Special Taxes and Fees, P.O. Box 942879, Sacramento, CA 94279-0088. You may also visit the BOE website at www.boe.ca.gov or call the Taxpayer Information Section at 800-400-7115 (TTY: 711); from the main menu, select the option Special Taxes and Fees. Customer service representatives are available weekdays from 8:00 a.m. to 5:00 p.m. Pacific time, except state holidays.