

MARYLAND  
FORM  
**612-1**

**OTHER TOBACCO PRODUCTS  
(OTP) STORAGE WAREHOUSE  
SCHEDULE**



216122049

|                |       |             |                             |
|----------------|-------|-------------|-----------------------------|
| Legal Name     |       |             | Report Month & Year         |
| Street Address |       |             | OTP License #<br><b>SW-</b> |
| City           | State | Zip Code +4 | FEIN                        |

**ACQUISITIONS**       **DISPOSITIONS**

|    | <b>A</b><br>Date | <b>B</b><br>Receipt # or<br>Bill of Lading # | <b>C</b><br>Name and Address of received from or<br>shipped to | <b>D</b><br>License # | <b>E</b><br>Product Type | <b>F</b><br>Units per Case | <b>G</b><br>Number of Cases |
|----|------------------|--|--|-----------------------|--------------------------|----------------------------|-----------------------------|
| 1  |                  |  |  |                       |                          |                            |                             |
| 2  |                  |  |  |                       |                          |                            |                             |
| 3  |                  |  |  |                       |                          |                            |                             |
| 4  |                  |  |  |                       |                          |                            |                             |
| 5  |                  |  |  |                       |                          |                            |                             |
| 6  |                  |  |  |                       |                          |                            |                             |
| 7  |                  |  |  |                       |                          |                            |                             |
| 8  |                  |  |  |                       |                          |                            |                             |
| 9  |                  |  |  |                       |                          |                            |                             |
| 10 |                  |  |  |                       |                          |                            |                             |
| 11 |                  |  |  |                       |                          |                            |                             |
|    |                  |  |  |                       |                          | <b>Total Cases</b>         |                             |

This schedule must be completed and submitted with your Maryland OTP Storage Warehouse Report. Complete a separate schedule for all Acquisitions or Dispositions during the reporting period. The number of cases on Line 2 and Line 5 of the Maryland OTP Storage Warehouse Report must equal all transactions reported on the 612-1 Schedules. Clearly identify schedule type by selecting the appropriate check box at the top of the page.

On the Acquisition Schedule, do not report product held in United States Customs bond. However, product removed from the bonded portion of your warehouse to the general warehouse must be received as an acquisition on the Acquisition Schedule.

Enter corporate name, report period, location, and OTP license number and FEIN on the lines provided. Use a separate 612-1 form for Acquisitions and Dispositions. Select the appropriate check box under the header to indicate the schedule transaction type. Use multiple sheets as needed.

**Instructions for Completing Acquisition Schedule:**

- | <b>Line</b> | <b>Column</b>  |
|-------------|--|
| 1-11        | A Enter the date when OTP was physically received in the warehouse.  |
| 1-11        | B Enter the receipt number, or other reference number, as appropriate.   |
| 1-11        | C Enter the full name of the licensed OTP manufacturer from which the OTP was received.  |
| 1-11        | D Enter the license number issued by the Alcohol and Tobacco Commission for a licensed OTP manufacturer (located in Maryland) for which you are storing OTP or licensed OTP Wholesaler storing tax paid product . No license is required for an out-of-state OTP manufacturer. |
| 1-11        | E Enter the OTP product type (RYO tobacco, premium cigars, non-premium cigars, pipe tobacco, chewing tobacco, snuff, or papers, filters, pipes) for each acquisition.  |
| 1-11        | F Enter the units per case.  |
| 1-11        | G Enter total number of cases for each OTP acquisition.  |

**Instructions for completing Disposition Schedule:**

- | <b>Line</b> | <b>Column</b>  |
|-------------|--|
| 1-11        | A Enter the date when OTP was physically removed from the warehouse.   |
| 1-11        | B Enter the bill of lading number, or other reference number, as appropriate.  |
| 1-11        | C Enter the name and address to whom the OTP was disposed of or shipped to.  |
| 1-11        | D Enter the license number issued by the Alcohol and Tobacco Commission for a licensed OTP manufacturer or licensed OTP Wholesaler to whom the product was shipped.    |
| 1-11        | E Enter the OTP product type (RYO tobacco, premium cigars, non-premium cigars, pipe tobacco, chewing tobacco, snuff, or papers, filters, pipes) for each disposition . |
| 1-11        | F Enter the units per case.  |
| 1-11        | G Enter total number of cases for each OTP disposition.  |

**For more information:**

Comptroller of Maryland  
Revenue Administration Division  
P.O. Box 2999  
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Telephone: 410-260-7980, 800-638-2937  
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