



STATE OF OREGON

Jenkins Act Report of Tobacco Product Sales

Report of Shipments for the
Month Ending:

_____, 20____

Due the 10th Day of the Calendar Month

PART 1: BUSINESS INFORMATION

Business Name:		Contact Person:	
Address:			
City:		State:	Zip Code:
Telephone Number:		Email Address:	

PART 2: REPORTING METHOD

Please Check the Appropriate Box:

- | | |
|---|---|
| <input type="checkbox"/> No Sales in Interstate Commerce | <input type="checkbox"/> Copies of Invoices Attached (____ Pages) |
| <input type="checkbox"/> Memorandum of Shipments (Part 4) Attached (____ Pages) | <input type="checkbox"/> Memorandum of Shipments Submitted Electronically |

PART 3: SIGNATURE OF AUTHORIZED REPRESENTATIVE

Authorized Representative:	Title:
Signature:	Date:

Oregon Dept. of Revenue
Attn: Special Programs Admin.
P.O. Box 14630
Salem, OR 97309
lorie.d.jensen@state.or.us

Complete and Return to:

AND

Oregon Dept. of Justice
Attn: Tobacco Enforcement
1162 Court St. NE
Salem, OR 97301
dena.spaulding@doj.state.or.us

