

**GENERAL INFORMATION AND INSTRUCTIONS – QUARTERLY BRAND SPECIFIC REPORT FOR
“SMOKELESS PRODUCT WITH OREGON TAX PAID FOR ALL MANUFACTURERS”**

GENERAL INFORMATION - Complete this form and submit if:

- **You are a licensed tobacco products distributor**

DEFINITIONS

“SMOKELESS TOBACCO PRODUCTS – “MOIST SNUFF” as defined in ORS 323.500 or “CHEWING TOBACCO” as defined in 26 U.S.C. § 5702.

LICENSED DISTRIBUTOR – Any person who is licensed pursuant to ORS 323.105.

TOBACCO PRODUCT MANUFACTURER – Any entity meeting the definitions found in ORS 323.810(8).

INSTRUCTIONS FOR COMPLETING FORM (Due Quarterly)

PART 1 – COMPANY INFORMATION AND REPORTING PERIOD

Enter the Quarter and Year the information on this form represents. Please type or clearly print the distributor license number*, Federal Employer Identification Number (FEIN), business name, mailing address, phone number, fax number and email address.

*License Number: For reporting payment of tax on smokeless tobacco products, include the DOR Tobacco License number.

PART 2 – SALES INFORMATION AND CERTIFICATION

Sales Information: You **must** check at least one of the boxes. You must check the appropriate box(es) to indicate: No sales to report this quarter, or sales of smokeless tobacco products on which you paid the tax due during the previous calendar quarter.

Certification: Each report **must** be signed and dated by an individual authorized to speak for your business. Please include the authorized individual’s title, telephone number, fax number, and email address.

PART 3 – SMOKELESS TOBACCO PRODUCTS

COLUMN A – Enter the full brand name of the product sold (**do not abbreviate**). Do not break down by brand styles. For example, a product named “Alpha Bravo Wintergreen Pouch” should be reported as “Alpha Bravo.” Additionally, “Alpha Bravo” should only be listed once with a total.

COLUMN B – Enter the Manufacturer name (if different than purchased from in Column C), address, country, and telephone number from whom each brand was purchased.

COLUMN C - Enter the Company name, address, country, and telephone number from whom each brand was purchased.

COLUMN D – Enter the customer’s name, address, country, and telephone number to whom each brand was sold.

COLUMN E – Enter the number of ounces of moist snuff sold quarterly in Oregon on which you paid the tax. **NOTE If you report a negative quantity of moist snuff for any brand family, please submit all documentation that you used to calculate your total.**

COLUMN F – Enter the number of ounces of “chewing tobacco” sold quarterly in Oregon. List only “chewing tobacco “on which you paid Oregon tax. **NOTE If you report a negative quantity of chewing tobacco for any brand family, please submit all documentation that you used to calculate your total.**

PLEASE RETAIN A COPY FOR YOUR RECORDS

The completed form is due no later than 20 days after the end of the reporting quarter.

***** ELECTRONIC SUBMISSION*****

The Department of Justice requires electronic submission for all documents. Please contact our office at tobaccoenforcementBSR@doj.state.or.us or call 503.934.4400 if you need assistance.

Revised: January 3, 2022