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BRAND SPECIFIC REPORT FOR CIGARETTES, ROLL-YOUR-OWN, AND LITTLE CIGARS PRODUCTS WITH OREGON TAX PAID FOR ALL MANUFACTURERS

Part 1: Company Information and Reporting Period

For the Month of _____, 20_____

LICENSE NO:_____ (FEIN):_____

Business Name:_____

Physical Address: _____

Mailing Address:_____

Phone No.:_____ Fax No.:_____

Email:_____

Name of Person Completing Form: _____

Phone and Email of Person Completing Form:_____

******SEE INSTRUCTIONS FOR DETAILS ON HOW TO COMPLETE THIS FORM – PRINT OR TYPE ALL INFORMATION*****

PLEASE REFER TO OREGON'S DIRECTORY OF COMPLIANT TOBACCO MANUFACTURERS AND BRANDS AT www.doj.state.or.us/tobacco FOR THE CORRECT TOBACCO BRAND MANUFACTURER.

Part 2: Sales Information and Certification

You Must Check at Least One Box:

☐ No sales to Report this month.

☐ Sales of PM products are shown in Section 3.

☐ Sales of NPM products where you affixed stamps and/or paid taxes are shown in Section 4.

☐ Section 3 and/or 4 submitted electronically. (Original page 1 with signature will be mailed).

Under penalties of false swearing, I declare that I have examined this report, and any additional reports submitted in written or electronic form, and to the best of my knowledge and belief the information provided is true, correct, and complete.

_____

Print Name

X _____ **Date** _____

Signature of Distributor or Representative

This form is due 15 days after the close of the reporting month.

Please return completed form to:

State of Oregon
Department of Justice
Civil Recovery – Tobacco Enforcement
1162 Court Street NE
Salem, OR 97301-4096
Email: tobaccoenforcementBSR@doj.state.or.us

****** ELECTRONIC SUBMISSION*****
For information on submitting Part 3 and Part 4 electronically, contact the tobacco unit at: tobaccoenforcementBSR@doj.state.or.us

DM #1283783(2/8/2018)

PART 3 - PARTICIPATING MANUFACTURERS (Attach additional sheets if needed)

COLUMN A BRAND NAME	COLUMN B MANUFACTURER IF DIFFERENT THAN PURCHASED FROM/Name, Address, Country, Telephone Number	COLUMN C PURCHASED FROM/Name, Address, Country, Telephone Number	COLUMN D SOLD TO/Customer Name, Address, Country, Telephone Number	COLUMN E NUMBER OF CIGARETTES SOLD	COLUMN F NUMBER OF ROLL -YOUR-OWN SOLD (OUNCES)	COLUMN G NUMBER OF LITTLE CIGARS SOLD

PART 4 - NON-PARTICIPATING MANUFACTURERS (Attach additional sheets if needed)

COLUMN A BRAND NAME	COLUMN B MANUFACTURER IF DIFFERENT THAN PURCHASED FROM/Name, Address, Country, Telephone Number	COLUMN C PURCHASED FROM/Name, Address, Country, Telephone Number	COLUMN D SOLD TO/Customer Name, Address, Country, Telephone Number	COLUMN E NUMBER OF CIGARETTES SOLD	COLUMN F NUMBER OF ROLL -YOUR-OWN SOLD (OUNCES)	COLUMN G NUMBER OF LITTLE CIGARS SOLD