

**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 Section 5702 of the Internal Revenue Code.

LICENSED DISTRIBUTOR – Any person who is licensed pursuant to ORS Chapter 323.

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 print clearly 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 OTP 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 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 number 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 number 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.**

Mail completed form to:

**Department of Justice  
Civil Recovery – Tobacco Enforcement  
1162 Court Street NE  
Salem, OR 97301-4096**

**\*\*\* ELECTRONIC SUBMISSION: For information on submitting Part 3 electronically contact our office at: [tobaccoenforcementBSR@doj.state.or.us](mailto:tobaccoenforcementBSR@doj.state.or.us)**