

**GENERAL INFORMATION AND INSTRUCTIONS - BRAND SPECIFIC REPORT FOR
“CIGARETTE, LITTLE CIGAR, AND ROLL-YOUR-OWN PRODUCT WITH OREGON TAX PAID FOR ALL MANUFACTURERS”**

GENERAL INFORMATION - Complete this form and submit if:

- **You are a licensed cigarette distributor; or**
- **You are a licensed tobacco products distributor**

DEFINITIONS

“CIGARETTE” “ROLL-YOUR-OWN” “LITTLE CIGARS” – Any product that contains nicotine and meets the definition found in ORS 323.800(4).

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

NON-PARTICIPATING MANUFACTURER – Any Tobacco Product Manufacturer as defined in ORS 323.800(9) who is not a participating manufacturer (signatory) to the Master Settlement Agreement dated November 23, 1998.

PARTICIPATING MANUFACTURER – Any Tobacco Product Manufacturer who is a participating manufacturer (signatory) to the Master Settlement Agreement dated November 23, 1998.

TOBACCO PRODUCT MANUFACTURER – Any entity meeting the definitions found in ORS 323.800(9).

INSTRUCTIONS FOR COMPLETING FORM - (Due Monthly)

PART 1 – COMPANY INFORMATION AND REPORTING PERIOD

Enter the Month 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: The DOR license number under which product is being stamped or tax paid. For reporting cigarettes stamped, include the DOR Cigarette Distributor License number. For reporting payment of tax on roll-your-own, include the DOR OTP License number. In the event a distributor is reporting both cigarettes and roll-your-own, both license numbers should be included.

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 month, sales of PM product, and sales of NPM product where you affixed tax stamps and/or paid taxes.

Revised: January 3, 2022

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.

SUMMARY TOTALS TAB FOR PART 3 AND PART 4

Please provide aggregated totals for each brand family sold in the reporting month.

PART 3 – PARTICIPATING MANUFACTURERS

PART 4 - NON-PARTICIPATING MANUFACTURERS

COLUMN A – Enter the full brand name of the product sold (**do not abbreviate**). **Do not break down by brand styles**. For example, a cigarette named “Alpha Bravo Gold Menthol” should be reported as “Alpha Bravo.” Additionally, “Alpha Bravo” should only be listed once with a total. This is the same for RYO and Little Cigars.

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 individual cigarette sticks sold monthly in Oregon in packages bearing an Oregon tax stamp. **Convert packs and cartons to individual cigarettes**. List only cigarettes contained in packages to which you affixed the Oregon tax stamp. **NOTE If your report includes customer returns of cigarettes, RYO, or little cigars, please submit all documentation (e.g., credit memos) that you used to calculate your total.**

COLUMN F – Enter the number of ounces of “roll-your-own” tobacco sold monthly in Oregon. List only “roll-your-own” in which you paid Oregon tax.

COLUMN G – Enter the number of little cigars sold monthly in Oregon.

PLEASE RETAIN A COPY FOR YOUR RECORDS

The completed form is due no later than 15 days after the end of the reporting month.

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

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