



**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: _____

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.

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

**PLEASE REFER TO THE
FOLLOWING LINK:**

**[OREGON'S DIRECTORY OF
TOBACCO BRANDS APPROVED FOR
SALE IN OREGON](#)**

**FOR THE CORRECT TOBACCO
BRAND MANUFACTURER**

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

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

**The Department of Justice requires
electronic submission for all documents.
Contact the tobacco unit at:
tobaccoenforcementBSR@doj.state.or.us
or call 503.934.4400 if you need
assistance.**