



**QUARTERLY BRAND SPECIFIC REPORT FOR SMOKELESS TOBACCO PRODUCTS
WITH OREGON TAX PAID FOR ALL MANUFACTURERS**

Part 1: Company Information and Reporting Period

For the _____ quarter of 20____

LICENSE NO: _____ BUSINESS ID # (BIN) [Not Tax ID #]: _____

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 quarter.
- Sales of smokeless tobacco products are shown in Part 3.
- Part 3 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.

Signature of Distributor or Representative Date

Print Name Signed Above Title

PLEASE REFER TO THE DIRECTORY OF SMOKELESS TOBACCO BRANDS APPROVED FOR SALE IN OREGON AT www.doj.state.or.us/tobacco FOR THE CORRECT TOBACCO BRAND MANUFACTURER.

This form is due 20 days after the close of the reporting quarter (April 20, July 20, October 20, and January 20).

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 Section 3 electronically, contact the tobacco unit at: tobaccoenforcementBSR@doj.state.or.us

