

Monthly Pact Act Report - Cigarettes Sales (Electronic Nicotine Delivery Systems)

Use this form to report ENDS tobacco sales as defined by 15 U.S. Code 375-378.

| PART 1: IDENTIFY YOUR BUSINESS | | | | | | |
|--------------------------------------|------------------|---|----------------|---------------------------|----------------------------|---|
| Name (please print) | | | | | Reporting Period (MM/YYYY) | |
| State Identification Number | | Federal Employer Identification Number (FEIN) | | E-mail Address | | |
| Location Address (number and street) | | City | State/Province | ZIP Code | Country/Territory | |
| Mailing Address | | City | State/Province | ZIP Code | Country/Territory | |
| PART 2: IDENTIFY YOUR SALES | | | | | | |
| | | | | Total Weight/ Volume * | Retail Sales Price ** | Manufacturer's/ Wholesale List Price** |
| Customer Name* | Type of Customer | Fed Desc | Brand Family* | | | |
| Address* | | | | | | |
| Invoice Date | Invoice Number | Quantity* | | | | |
| Customer Name* | Type of Customer | Fed Desc | Brand Family* | | | |
| Address* | | | | | | |
| Invoice Date | Invoice Number | Quantity* | | | | |
| Customer Name* | Type of Customer | Fed Desc | Brand Family* | | | |
| Address* | | | | | | |
| Invoice Date | Invoice Number | Quantity* | | | | |
| Customer Name* | Type of Customer | Fed Desc | Brand Family* | | | |
| Address* | | | | | | |
| Invoice Date | Invoice Number | Quantity* | | | | |
| Customer Name* | Type of Customer | Fed Desc | Brand Family* | | | |
| Address* | | | | | | |
| Invoice Date | Invoice Number | Quantity* | | | | |
| Customer Name* | Type of Customer | Fed Desc | Brand Family* | | | |
| Address* | | | | | | |
| Invoice Date | Invoice Number | Quantity* | | | | |
| Customer Name* | Type of Customer | Fed Desc | Brand Family* | | | |
| Address* | | | | | | |
| Invoice Date | Invoice Number | Quantity* | | | | |
| Customer Name* | Type of Customer | Fed Desc | Brand Family* | | | |
| Address* | | | | | | |
| Invoice Date | Invoice Number | Quantity* | | | | |

| | | | | Total Weight/ Volume * | Retail Sales Price ** | Manufacturer's/ Wholesale List Price** |
|----------------|------------------|-----------|---------------|---------------------------|-----------------------|---|
| Customer Name* | Type of Customer | Fed Desc | Brand Family* | | | |
| Address* | | | | | | |
| Invoice Date | Invoice Number | Quantity* | | | | |
| Total | | | | | | |

PART 3: IDENTIFY YOUR DELIVERY SERVICE (Required for Delivery Sellers ONLY)

| Delivery Service Name* | Address* | Phone Number* |
|------------------------|----------|---------------|
| | | |
| | | |

* Required by PACT Act

** Delivery Sellers Only

PART 4: CERTIFICATION

I declare under penalties of perjury that I have examined this report and all attachments and, to the best of my knowledge and belief, it is true, correct, and complete.

| Signature of Responsible Party | Responsible Party's Name (Please print) | Title | Phone Number | Date |
|--------------------------------|---|-------|--------------|------|
| | | | | |

INSTRUCTIONS FOR FORM 5746, Monthly Pact Act Report — Electronic Nicotine Delivery System (ENDS) Sales Report

If you are a person who sells, transfers or ships ENDS Products into the state of Michigan, **you are required by Federal Law to file this report (Form 5746)** with the state of Michigan. For additional information, see the Prevent All Cigarette Trafficking (PACT) Act at 15 USC 376. Note that sales of Cigarettes, Little Cigars, or Smokeless Tobacco must be reported on separate forms.

Complete this report to show each invoice reflecting a sale of ENDS Products into Michigan and every brand and quantity of products listed on each of those invoices.

This report is due by the 10th day of the month following the month in which the tobacco products were shipped. Mail the completed report to:

Michigan Department of Treasury
Tobacco Tax Enforcement
P.O. Box 30140
Lansing, MI 48909

It is important to note that other requirements of Michigan law may apply to persons wishing to sell cigarettes or other tobacco products in, or into, Michigan. These requirements may include, but are not limited to, licensing and stamping of tobacco products. Note, too, that Michigan imposes serious penalties on those who violate these laws. If you have any questions about your responsibilities, contact the Tobacco Tax Enforcement Unit at 517-636-0680.

Per the **Federal Pact Act**, an Electronic Nicotine Delivery System "ENDS" is defined as: Any electronic device that, through an aerosolized solution, delivers nicotine, flavor, or any other substance to the user inhaling from the device; Includes:

- (i) an e-cigarette;
- (ii) an e-hookah;
- (iii) an e-cigar;
- (iv) a vape pen;
- (v) an advanced refillable personal vaporizer;
- (vi) an electronic pipe; and
- (vii) any component, liquid, part, or accessory of a device described in above.