

Monthly Pact Act Report — Smokeless Tobacco Sales

Use this form to report smokeless 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>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.</i>				
Signature of Responsible Party	Responsible Party's Name (Please print)	Title	Phone Number	Date

INSTRUCTIONS FOR FORM 4856, Monthly Pact Act Report — Smokeless Tobacco Sales

If you are a person who sells, transfers or ships smokeless tobacco into the state of Michigan, **you are required by Federal Law to files this report (Form 4856)** 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 Electronic Nicotine Delivery Systems must be reported on separate forms.

Complete this report to show each invoice reflecting a sale smokeless tobacco into Michigan and every brand and quantity of smokeless tobacco 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**, Smokeless tobacco includes: Any finely cut, ground, powdered, or leaf tobacco, or other product containing tobacco, that is intended to be placed in the oral or nasal cavity or otherwise consumed without being combusted (primarily various forms of chewing tobacco, snuff, snus, etc.)