

Monthly Pact Act Report — Tobacco Sales Report

Issued under federal law Title 15 U.S. Code 375-378.

Reporting Period (Month/Year)

PART 1: IDENTIFY BUSINESS			
Business Name		Federal Employer Identification Number (FEIN)	
Mailing Address (Number and Street)		License Number	
City	State	ZIP Code	Business Telephone Number
Country/Territory			
Contact Name	E-mail Address		Contact Telephone Number

PART 2: IDENTIFY SALES INTO MICHIGAN — Attach additional sheets as needed.			
Invoice Date	Invoice Number		
Buyer Name	Buyer Address		
Deliverer Name	Deliverer Address		Deliverer Telephone Number
Brand	UPC		Type (Check one) <input type="checkbox"/> Smokeless <input type="checkbox"/> Roll-Your-Own
Package Size	Quantity	Wholesale Price	
Brand	UPC		
Package Size	Quantity	Wholesale Price	Type (Check one) <input type="checkbox"/> Smokeless <input type="checkbox"/> Roll-Your-Own
Brand	UPC		
Package Size	Quantity	Wholesale Price	
Brand	UPC		Type (Check one) <input type="checkbox"/> Smokeless <input type="checkbox"/> Roll-Your-Own
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FEIN from Page 1	Reporting Period from Page 1	Invoice Number from Page 1
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PART 3: CERTIFICATION

Under penalty of perjury, I verify I examined this report, and, to the best of my knowledge, it is true, correct and complete. I also verify such information is taken from the books and records of the business for which this return is filed.

Signature of Owner/Officer	Title	Phone Number	Date
Signature of Owner/Officer	Title	Phone Number	Date

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

If you are a person who sells, transfers or ships roll-your-own tobacco or smokeless tobacco into the state of Michigan, **you are required by Federal Law to file 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 cigarette sales must be reported on Form 4855.

Complete this report to show each invoice reflecting a sale of roll-your-own tobacco or smokeless tobacco into Michigan and every brand and quantity of roll-your-own tobacco or 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:

Tobacco Tax Unit
Michigan Department of Treasury
P.O. Box 30474
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 Unit at (517) 636-4630.