## Schedule OR-4, Tax on Moist Snuff (Definition B) on Units at or Below Floor

Attach this schedule to: [ ] Form OR-530  [ ] Form OR-531  [ ] Form OR-532

### Type of schedule (check one)

- [ ] 4A—Untaxed purchases
- [ ] 4B—Credits
- [ ] 4C—Sales

### Table

<table>
<thead>
<tr>
<th>Line No.</th>
<th>Invoice Date</th>
<th>Purchased from or sold to</th>
<th>Column A Quantity of retail units</th>
<th>Column B Wholesale price</th>
<th>Column C Total ounces</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Balance brought forward</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Instructions for Schedule OR-4, Tax on Oregon Moist Snuff (Definition B) on Units at or Below Floor

Introduction
The Oregon tobacco tax return you must file depends on whether you are an Oregon licensed distributor (Form OR-530), a consumer or other unlicensed person or business (Form OR-531), or a tobacco manufacturer (Form OR-532). Schedule 4 is used with, and attached to, your Oregon quarterly tobacco tax return, regardless of which return you must file.

Use Schedule OR-4 to report purchases, related credits, and sales of moist snuff (definition B) that are at or below the $2.14 (1.2 ounce) floor [moist snuff (definition B)]. On each form you use, check the box that shows the type of schedule it represents (for example: check box 4A if you’re using the form to report untaxed purchases).

Report purchases, credits, and sales on separate schedules: Report purchases on Schedule 4A, credits on Schedule 4B, and sales on Schedule 4C.

What is moist snuff (definition B)?
For tax purposes, moist snuff (definition B) includes any other products containing tobacco that aren’t intended to be consumed by burning. [Oregon Administrative Rule (OAR) 150-323-0310].

Submitting computer printouts
We’ll accept computer printouts of moist snuff (definition B) transactions in lieu of listing individual purchases, credits, or sales on this schedule. If you submit computer printouts, you must also:

1. Use this form as a summary sheet for the accompanying printouts. Complete the top portion of this schedule. Write “see attached” on line 2. Enter the wholesale price of moist snuff (definition B) on line 20, column A, and the total ounces on line 20, column C.

2. Prepare your computer printouts using the same format and columnar sequence as this form uses. If your computer can’t duplicate our format, submit a proposed format for our review. We’ll let you know if it’s satisfactory or what changes you must make.

3. Use 8½ × 11-inch paper.

Instructions for all schedules
Use blue or black ink when filling out this schedule. Enter information at the top of the schedule as follows:

• Attach this schedule to. Check the box for the return you must file (Form OR-530, Form OR-531, or Form OR-532).

• Page ___ of ___. Fill in the page number and the total number of pages.

• Name. Fill in the name of your business or your name if this isn’t a business.

• License number. Fill in your Oregon other tobacco products distributor license, if you have one.

• SSN. Enter your SSN if you’re an individual reporting your purchases.

• Quarter ending. Enter the month, day, and the year for the ending date of the quarter you’re reporting (3/31/2018, 6/30/2018, 9/30/2018, or 12/31/2018).

Using the following instructions, fill in line information to correspond to what you are reporting (for example: untaxed purchases, credits, out-of-state, or exempt sales). Use a single line for each transaction and provide all the information requested. Provide a subtotal for each page and a grand total on the last page.

Column A
Enter the number of units of moist snuff (definition B) purchased, sold, or distributed. Report the column A grand total (last page) on Section 4 of your return.

Column B
Enter the wholesale price for each purchase, sale, or distribution of moist snuff (definition B).

Column C
Enter the total ounces for each purchase, sale, or distribution of moist snuff (definition B).

Instructions for untaxed purchase schedules—Schedule 4A
Group all purchases by manufacturer and provide a moist snuff (definition B) subtotal for each manufacturer. On the last page of a purchase schedule, write the total moist snuff (definition B) received from all manufacturers.

In-state filers. Itemize all untaxed moist snuff (definition B) purchases you received during the quarter. This includes all free samples and promotional products. It also includes moist snuff (definition B) you might sell out of state.

Out-of-state filers. Itemize all untaxed moist snuff (definition B) sales into Oregon for the quarter, including free samples and promotional products you shipped into Oregon.

Line 1. Enter zero or the cumulative balances from line 20 of any other Schedule 4As.

Lines 2–19. These lines have different reporting requirements depending on which return you must file:
• Form OR-530 or Form OR-531. If you’re a distributor or a consumer, enter the number of units, wholesale price, and weight (in ounces) of all the moist snuff (definition B) shown on your purchase invoices, including amounts reflecting shortages or overages. If you were shorted merchandise, enter on Schedule 4B to claim a credit. If you receive more merchandise than you ordered, enter the excess amount on a separate line of the purchase schedule.

• Form OR-532. If you’re a manufacturer, enter the number of units, wholesale price, and weight (in ounces) of all the moist snuff (definition B) you distributed in Oregon.

Line 20. Enter the sum of lines 1 through 19 on each page. Provide a grand total (of all Schedule 4As) on the last page. On line 6, Form OR-530; line 3, Form OR-531; or line 3, Form OR-532, enter the grand total of the number of units from line 20, column A.

Instructions for credit schedules—Schedule 4B (Form OR-530 only)
[Only for moist snuff (definition B) you reported, or previously reported, on Schedule 4A]

Credits include moist snuff (definition B) that has been purchased but not received on a licensee’s premises (shortages) and damaged merchandise, whether discovered upon or after receipt. Group all shortages, damaged merchandise, and merchandise returned for credit by manufacturer and provide a moist snuff (definition B) subtotal for each manufacturer. On the last page of a credit schedule, write the total moist snuff (definition B) shorted, damaged, and returned from all manufacturers.

Enter moist snuff (definition B) received from the manufacturer, found to be short shipped, lost, or damaged before you received it from a manufacturer. Note on papers provided by the carrier any shortages discovered before you received the merchandise.

Line 1. Enter zero or the cumulative balances from line 20 of any other Schedule 4Bs.

Line 2–19. Enter the number of units, wholesale price, and weight (in ounces) of the moist snuff (definition B) eligible for credit as shown on your purchase invoices.

Line 20. Enter the sum of lines 1 through 19 on each page. Provide a grand total (of all Schedule 4Bs) on the last page. On line 7, Form OR-530, enter the grand total of the number of units from line 20, column A.

Instructions for sales schedules—Schedule 4C (Form OR-530 only)
[Only for moist snuff (definition B) you reported, or previously reported, on Schedule 4A]

Credit for out-of-state or otherwise exempt sales is reportable in the quarter that the moist snuff (definition B) physically moves from a distributor. Group all sales by manufacturer and provide a moist snuff (definition B) subtotal for each manufacturer.

Itemize all sales of untaxed moist snuff (definition B) made during the quarter to Oregon licensees or shipped out of state. Persons receiving untaxed moist snuff (definition B) in Oregon must have the appropriate distributor license to purchase untaxed moist snuff (definition B).

Line 1. Enter zero or the cumulative balances from line 20 of any other Schedule 4Cs.

Line 2–19. Enter the number of units, wholesale price, and weight (in ounces) of the moist snuff (definition A) eligible for credit as shown on your purchase invoices.

Line 20. Enter the sum of lines 1 through 19 on each page. Provide a grand total (of all Schedule 4Cs) on the last page. On line 8, Form OR-530, enter the grand total of units from line 20, column A.

Do you have questions or need help?
www.oregon.gov/dor
(503) 945-8120 (Tobacco Unit)
(503) 378-4988 or (800) 356-4222 (general help)
questions.dor@oregon.gov
Contact us for ADA accommodations or assistance in other languages.