

Schedule 7—Cigar Tax on Cigars Below Cap



Attach this schedule to: \Box Form 530 \Box Form 531 \Box Form 532

Page _____ of _____

Name	License number	Social Security number (SSN)	Business ID number (BIN)	Quarter ending	Account number

Type of schedule (check one)

□ 7A−Untaxed purchases □ 7B−Credits □ 7C−Sales

	l	nvoice	Purchased from or sold to			Column A	Column B
Line No.	Date	Number	Name	State	Brand name(s)	Wholesale price	Number of single cigars
1	Balance b	rought forward			•	•	
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20	Page tota	lls. Provide a gra	and total on the last page of each sched	dule			

Introduction

The Oregon tobacco tax return you must file depends on whether you are an Oregon licensed distributor (Form 530), a consumer or other unlicensed person or business (Form 531), or a tobacco manufacturer (Form 532). *Schedule 7, Oregon Cigar Tax on Cigars Below Cap*, is used with, and attached to, your Oregon Quarterly Tobacco Tax Return regardless of which return you must file. An individual cigar is below the \$0.50 cap if it cost less than \$0.77.

Use Schedule 7 to report purchases, related credits, and sales of cigars below the \$0.50 per cigar cap (cigar). On each form you use, check the box indicating the type of schedule it represents (for example: check box 7A if you are using the form to report untaxed purchases). Don't report purchases, credits, or sales on the same schedule.

Computer printouts

We'll accept computer printouts of cigar transactions in lieu of listing individual purchases, credits, or sales on this schedule. If you want to 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, and then enter the wholesale price of cigars on line 20, column A, and the total number of single cigars on line 20, column B.
- 2. Prepare your computer printouts using the same format and columnar sequence as on this form. If your computer can't duplicate our format, you should submit a proposed format for our review. We'll let you know if it's satisfactory or what changes will be required.
- 3. Use paper measuring $8\frac{1}{2} \times 11$ inches.

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 530, Form 531, or Form 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.

- Social Security number (SSN). Enter your Social Security number if you're an individual reporting your purchases.
- **Business ID number (BIN)**. Enter your business identification number (assigned to you by the Oregon Department of Revenue) if you're a business reporting your purchases.
- Quarter ending. Enter the month, day, and the year for the ending date of the quarter you're reporting (3/31/2016, 6/30/2016, 9/30/2016, or 12/31/2016).

Using the following instructions, fill in line information to correspond to what you're reporting (i.e., untaxed purchases, credits, or 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 wholesale price of cigars purchased, sold, or distributed. **Report the column A grand total (last page) on Section 7 of your return.**

Column B

Enter the total number of single cigars for each purchase, sale, or distribution of cigars.

Instructions for Untaxed Purchase Schedules—Schedule 7A

Group all purchases by manufacturer and provide a cigar subtotal for each manufacturer. On the last page of a purchase schedule, indicate the total cigars received from all manufacturers.

In-state filers. Itemize **all** untaxed cigar purchases you received during the quarter. This includes all free samples and promotional products you receive. It also includes cigars you might sell out-of-state.

Out-of-state filers. Itemize all untaxed cigar sales into Oregon for the quarter, including free samples and promotional products.

Line 1. Enter zero or the cumulative balances from line 20 of any previous Schedules 7A.

Lines 2–19. These lines have *different reporting requirements* depending on which return you must file.

• Form 530 or Form 531. If you are a distributor or a consumer, enter the wholesale price and number of single cigars for all of the cigars shown on your purchase invoices, including amounts reflecting shortages or overages. If you were shorted merchandise, enter on Schedule 7B to claim a credit. If you receive

Instructions for Schedule 7—Oregon Cigar Tax on Cigars Below Cap

more merchandise than you ordered, enter the excess amount on a separate line of the purchase schedule.

• Form 532. If you're a manufacturer, enter the wholesale price and number of single cigars for all of the cigars you distributed in Oregon.

Line 20. Enter the sum of lines 1 through 19 on each page. Provide a grand total (of all Schedules 7A) on the last page. On line 31 of your Form 530, on line 13 of your Form 531, or on line 13 of your Form 532, enter the grand total number of single cigars from line 20, column A.

Instructions for Credit Schedules—Schedule 7B (Form 530 only)

(only for cigars you reported, or previously reported, on Schedule 7A)

Credits include cigars that have 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 cigar subtotal for each manufacturer. On the last page of a credit schedule, indicate the total cigars shorted, damaged, and returned from all manufacturers.

Enter cigars received from the manufacturer, found to be short shipped, lost, or damaged before you received them from a manufacturer. Shortages discovered by the carrier before you receive the merchandise should be noted on papers provided by the carrier.

Line 1. Enter zero or the cumulative balances from line 20 of any previous Schedules 7B.

Line 2–19. Enter the wholesale price and number of single cigars of the cigars 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 Schedules 7B) on the last page. On line 32 of your Form 530, enter the grand total number of single cigars from line 20, column A.

Instructions for Sales Schedules—Schedule 7C (Form 530 only)

(only for cigars you reported, or previously reported, on Schedule 7A)

Credit for out-of-state or otherwise exempt sales is reportable in the quarter that actual physical movement of the cigars takes place from a distributor's premises. Group all sales by manufacturer and provide a cigar subtotal for each manufacturer.

Itemize all sales of untaxed cigars made during the quarter to Oregon licensees or shipped out-of-state. Pers ons receiving untaxed cigars in Oregon must have the appropriate distributor license to purchase untaxed cigars.

Line 1. Enter zero or the cumulative balances from line 20 of any previous Schedules 7C.

Line 2–19. Enter the wholesale price and number of single cigars of the cigars 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 Schedules 7C) on the last page. On line 33 of your Form 530, enter the grand total number of single cigars from line 20, column A.

Have Questions? Need Help?

General tax information	www.oregon.gov/dor
Special Programs Admin. Unit	0 0
Toll-free from Oregon prefix	· · · ·

Asistencia en español:

Salem	(503) 378-4988
Gratis de prefijo de Oregon	. ,

TTY (hearing or speech impaired; machine only):

Salem	(503) 945-8617
Toll-free from an Oregon prefix	

Americans with Disabilities Act (ADA): Call one of the help numbers for information in alternative formats.