## **Monthly Pact Act Report - Cigarettes Sales (Little Cigars)**

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

PART 1: IDENTIFY YOUR	BUSINE	SS									
Name (please print)								R	eporting Perio	od (MM/YYYY)	
State Identification Number Federa			eral Employer Identification Number (FEIN) E-mai					E-mail	Address		
Location Address (number and street)			City Stat			State/Province	ZIP Code			Country/Territory	
Mailing Address			City			State/Province ZIP Code			Country/Territory		rritory
PART 2: IDENTIFY YOUR	SALES										
									Total Ciga So	rette Sticks ld **	Sales Price (\$)**
Customer Name*		Type of Cu	ype of Customer Fe		esc	Brand Family*					.,
Address*											
voice Date Invoice Number			Quantity*								
Customer Name*	ustomer Name* Type of C		ustomer Fed Des		esc	c Brand Family*					
Address*											
Invoice Date	nvoice Date Invoice Number			Quantity*							
Customer Name*		Type of Cu	ıstomer	Fed D	esc	Brand Family*	*				
Address*				1		 					
Invoice Date	Invoice Nun	nber			Quanti	ty*					
Customer Name* Type of Co		of Customer Fed Des			Brand Family*			,			
Address*				1							
Invoice Date	Invoice Number				Quantity*						
Customer Name* Type of		Type of Cu	Customer Fed D		Desc Brand Family*		*				
Address*											
Invoice Date Invoice Number				Quantity*							
Customer Name*		Type of Cu	ıstomer	Fed D	esc	Brand Family*	*				
Address*				<u> </u>							
Invoice Date Invoice Number			Quantity*								
Customer Name* Type of Cu		Customer Fed Desc			Brand Family*	Brand Family*					
Address*				<u> </u>		I					
Invoice Date	Invoice Number			Quantity*							

5747, Page 2							Total Cigarette Sticks Sold **	Sales Price (\$)**
Customer Name*		Type of Customer	Fed D	esc	Brand Family*			
Address*								
Invoice Date	Invoice No	ımber		Quantity*				
		-				Total		

PART 3: IDENTIFY YOUR DELIVERY SERVICE (Required for Delivery Sellers ONLY)							
Delivery Service Name*	Address*	Phone Number*					

<sup>\*</sup> Required by PACT Act

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 5747, Monthly Pact Act Report — Cigarette Sales (Little Cigars)

If you are a person who sells, transfers or ships little cigar products into the state of Michigan, you are required by Federal Law to file this report (Form 5747) 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, Smokeless Tobacco, or Electronic Nicotine Delivery Systems must be reported on separate forms.

Complete this report to show each invoice reflecting a sale of little cigars 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**, a little cigar is defined as: Any roll of tobacco wrapped in any substance containing tobacco which, because of its appearance, the type of tobacco used in the filler, or its packaging and labeling is likely to be offered to, or purchased by, consumers as a cigarette. (e.g., Swisher Sweets, Smoker's Choice).

<sup>\*\*</sup> Delivery Sellers Only