



State of Washington
 Department of Revenue
 Special Programs Division
 PO Box 47477
 Olympia, WA 98504-7477
 Phone: (360) 534-1503
 Fax: (360) 534-1499

Schedule C2 (Smokeless Tobacco)

- Interstate shipments into Washington
- In-State Distributor's report of interstate sales and/or in-state exempt sales

Period _____ to _____

Manufacturer/Distributor Name

Registration No.

Warehouse Location

Tax Paid (Y/N)	Name of Purchaser or Receiver	Delivery Address	Invoice Number	Invoice Date	Brand Family	Product Description (Optional)	Quantity (Cans/Packs) per Packing	Quantity Shipped	Total Qty (Cans/Packs)	Total Weight

Note: If multiple pages reported, please sign on last page.

Page Total

Grand Total

Signature: _____ Phone: _____

Print: _____ Date: _____

Note for In-State Distributor's report of interstate sales: If smokeless tobacco has the tax paid for the state delivered to, you may aggregate the total of all such sales on one line (per state) with the notation "sold tax-paid".

Schedule C2 (Smokeless Tobacco) - Instructions

Washington Administrative Code 458-20-185 - Tax on tobacco products

(302) **Reports and returns.** The department may require any person dealing in tobacco products in this state to complete and return forms, as furnished by the department, setting forth sales, inventory, shipments, and other data required by the department to maintain control over trade in tobacco.

Note: Filing of this report on interstate shipments into Washington may also satisfy the requirement of the federal Jenkins Act.

Title 15, Chapter 10A, section 376, U.S. Code {commonly referred to as the “Jenkins Act”; recently amended by the Prevent All Cigarette Trafficking (PACT) Act in 2010}

(a)(2) Not later than the 10th day of each calendar month, file with the tobacco tax administrator of the State into which such shipment is made, a memorandum or a copy of the invoice covering each and every shipment of cigarettes or smokeless tobacco made during the previous calendar month into such State; the memorandum or invoice in each case to include the name and address of person to whom the shipment was made, the brand, and the quantity thereof, and the name, address, and phone number of the person delivering the shipment to the recipient on behalf of the delivery seller, with all invoice or memoranda information relating to specific customers to be organized by city or town and by zip code.

For the full text of the PACT Act, click the following link:

http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:s1147enr.txt.pdf

Submitting a report in an alternative format

If you wish to submit your report in an alternative format, or if you have any other questions, please call the Special Programs Division, Department of Revenue, at 360-534-1503, option 3.

For tax assistance or to request this document in an alternate format, visit <http://dor.wa.gov> or call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711.