



pennsylvania
DEPARTMENT OF REVENUE

BUREAU OF BUSINESS TRUST FUND TAXES
PO BOX 280909
HARRISBURG PA 17128-0909

**RESIDENT
STAMP AFFIXING AGENCY
MONTHLY REPORT
OF CIGARETTES AND CIGARETTE
TAX STAMPS**

Please print or type.

FEDERAL EIN: _____

REPORTING MONTH _____

YEAR _____

NAME		CSA NUMBER		
STREET ADDRESS		CITY	STATE	ZIP CODE

Reporting instructions (REV-1030 Instructions) are available online at www.revenue.pa.gov.

LINE	SECTION 1 - UNSTAMPED CIGARETTE ACCOUNT	COLUMN 1	COLUMN 2	COLUMN 3
1	OPENING INVENTORY - UNSTAMPED			
2	OPENING INVENTORY - STAMPED FOR OTHER STATES			
3	TOTAL INVENTORY - ADD LINES 1 AND 2			
4	PURCHASES FROM MANUFACTURER - SCHEDULE A			
5	PURCHASES FROM OTHERS - SCHEDULE B			
6	SAMPLE CIGARETTES - NON TAX PAID			
7	TOTAL - ADD LINES 3 THROUGH 6			
8	SOLD OUTSIDE PENNSYLVANIA/INTO PHILADELPHIA - SCHEDULE D			
9	SOLD TO TAX-EXEMPT AGENCIES - SCHEDULE C			
10	RETURNED TO MANUFACTURER - SCHEDULE A-1, COL. 5			
11	LOST IN TRANSIT/SHORTAGES - SCHEDULE A-1, COL. 5			
12	DAMAGED AND REFUSED - SCHEDULE A-1, COL. 5			
13	CANCELLED FROM ORDERS - SCHEDULE A-1, COL. 5			
14	OTHER			
15	CLOSING INVENTORY - UNSTAMPED			
16	CLOSING INVENTORY - STAMPED FOR OTHER STATES			
17	TOTAL INVENTORY - ADD LINES 15 AND 16			
18	ADD LINES 8 THROUGH 14 AND 17			
19	BALANCE TAXABLE - SUBTRACT LINE 18 FROM LINE 7			
20	TAX RATE			\$ 0.13
21	AMOUNT OF TAX DUE - MULTIPLY LINE 19 BY LINE 20			\$

	SECTION 2 - STAMP ACCOUNT	STAMPS		VALUE
		2.60	3.25 1.30	
22	OPENING INVENTORY - UNAFFIXED			
23	PURCHASED FROM DEPARTMENT			
24	OTHER:			
25	TOTAL - ADD LINES 22 THROUGH 24			
26	RETURNED TO DEPARTMENT			
27	USED FOR RE-STAMPING			
28	OTHER:			
29	CLOSING INVENTORY - UNAFFIXED			
30	TOTAL - ADD LINES 26 THROUGH 29			
31	STAMPS USED - SUBTRACT LINE 30 FROM LINE 25			\$
32	CONVERT TO STICKS	X 20	X 25 X 10	TOTAL
33	STICKS PA STAMPED - MULTIPLY LINE 32 BY LINE 31			

RECONCILIATION

34	AMOUNT OF TAX DUE FROM LINE 21	\$	36	ADDITIONAL TAX DUE	\$
35	VALUE OF STAMPS USED LINE 31	\$	37	VALUE OF EXCESS STAMPS USED	\$

NOTE: PA STAMPED CIGARETTE ACCOUNT AND SCHEDULE A ON REVERSE SIDE



pennsylvania
DEPARTMENT OF REVENUE

BUREAU OF BUSINESS TRUST FUND TAXES
PO BOX 280909
HARRISBURG PA 17128-0909

**STAMP AFFIXING AGENCY
MONTHLY REPORT
OF CIGARETTES AND CIGARETTE
TAX STAMPS**
Please print or type.

REPORTING MONTH _____

YEAR _____

LINE	SECTION 3 - PA STAMPED CIGARETTE ACCOUNT	COLUMN 1	COLUMN 2
1	OPENING INVENTORY - PA STAMPED		
2a	PA TAX STAMPS USED FOR CIGARETTES		
2b	PA TAX STAMPS USED FOR LITTLE CIGARS		
2c	TOTAL PA TAX STAMPS USED - FROM SECTION 2, LINE 33		
3	PURCHASED FROM OTHERS - SCHEDULE B		
4	TOTAL PA STAMPED - ADD LINES 1, 2C AND 3		
5	RETURNED TO MANUFACTURER		
6	DESTROYED OR STOLEN		
7	OTHER		
8	CLOSING INVENTORY PA STAMPED		
9	TOTAL - ADD LINES 5 THROUGH 8		
10	AVAILABLE FOR SALE - SUBTRACT LINE 9 FROM LINE 4		
11	SALES IN PENNSYLVANIA		
12	SALES OVER OR (UNDER) - SUBTRACT LINE 10 FROM LINE 11		

**SCHEDULE A - UNSTAMPED CIGARETTES RECEIVED FROM MANUFACTURERS
DURING MONTH (FROM SCHEDULE A-1, COL. 4)**

NAME OF MANUFACTURER	NON TAX PAID (UNSTAMPED)	FOR DEPARTMENT USE ONLY		
TOTAL (ENTER ON SECTION 1, LINE 4)				

FOR DEPARTMENT USE ONLY					REMARKS:	
RECEIVED		ACCEPTED		RETURNED		
CONTROL		SCHEDULE A-1		SCHEDULE A-1		
I declare under the penalties of perjury this monthly report, including any accompanying statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete monthly report.						
Signature		Title		Date		

INSTRUCTIONS:

1. This report and its schedules shall contain a complete account of all cigarettes and cigarette tax stamps handled during the reporting period.
2. Schedules A-1, B, C, F and two copies of Schedule D must accompany this report where applicable.
3. This report must be prepared in duplicate; the original must be filed with the PA Department of Revenue, and the duplicate must be retained by cigarette stamping agent for at least four years.
4. The report is due on the 20th day after the end of the month for which it is prepared.