REV-1031 AS (10-14)

pennsylvania
DEPARTMENT OF REVENUE

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

SCHEDULE "B"
CIGARETTES RECEIVED

(OTHER THAN THOSE WHICH YOU HAVE RECEIVED FROM THE MANUFACTURER & REPORTED ON SCHEDULE A-1)
(TO BE SUBMITTED WITH FORM REV-1030/OR REV-1030P)

Please Print or Type.

START →

CIGARETTE LICENSE NUMBER _____

REPORTING MONTH _____

YEAR _____

Please indicate if reporting for ☐ **Pennsylvania** or ☐ **Philadelphia**

CSA Name	Address

Received From Name and Address	Number of Cigarettes Received: Tax Paid (PA Stamped)	Tax Paid (Philadelphia Stamped)	Non Tax Paid (Unstamped)	Bearing Stamps for Other States	State Stamp	*For Department Use Only*		
Total								

Reset Entire Form

PRINT FORM