REV-1048A AS (10-14)

pennsylvania
DEPARTMENT OF REVENUE

BUREAU OF BUSINESS TRUST FUND TAXES
PO BOX 280909
HARRISBURG, PA 17128-0909
TELEPHONE: 717-783-9374

LITTLE CIGARS RECEIVED FROM MANUFACTURER DURING MONTH SCHEDULE A-1

ATTACH TO REV-1030/REV-1030P MONTHLY REPORT

START →

CIGARETTE LICENSE NUMBER _____

REPORTING MONTH _____

YEAR _____ PAGE NO. _____

Please indicate if you are filing for ☐ **Pennsylvania or** ☐ **Philadelphia**

NAME CSA:

ADDRESS (STREET) (CITY) (STATE) (ZIP CODE)

UNSTAMPED LITTLE CIGARS RECEIVED FROM:

(1) INVOICE DATE MM/DD/YYYY	(2) INVOICE NUMBER	(3) DATE RECEIVED MM/DD/YYYY	(4) NUMBER OF UNSTAMPED LITTLE CIGARS (PACKS of 20 & 25)	(5) CREDITS	FOR DEPARTMENT USE		
TOTAL (SCHEDULE "A-1")							

NOTE: MAINTAIN DUPLICATE COPY FOR YOUR RECORDS.

Reset Entire Form

PRINT FORM