



CIGARETTE WHOLESALER MONTHLY REPORT

FEIN _____ YEAR _____

REPORTING MONTH _____

Check the box that applies: **Resident** **Interstate** **Nonresident**

NAME	CIGARETTE ACCOUNT ID
STREET ADDRESS	CITY STATE ZIP CODE

LINE NO.	STAMPED CIGARETTE ACCOUNT (REPORT IN PACKS ONLY)	PENNSYLVANIA STAMPED ONLY # PACKS		PHILADELPHIA STAMPED ONLY # PACKS		OTHER STATES	DEPT. USE ONLY
		20	25	20	25		
1.	Beginning inventory on hand first of month (Do not include cigarettes in vending machines)						
2.	Total received during the month from all CSA's, Wholesalers and out-of-state suppliers (totals from Schedule A on reverse side)						
3.	Total cigarettes to account for: Enter total of Lines 1 & 2						
4.	Sales - to wholesaler (Provide supporting documentation on REV-777, Schedule B)						
5.	Sales - through vending dealers (Provide supporting documentation on REV-777, Schedule B)						
6.	Sales - to retailers (Provide supporting documentation on REV-777, Schedule B)						
7.	Total Sales: Enter total of Lines 4, 5 and 6						
8.	Other removals with written explanation (all others not included in Lines 4, 5 and 6)						
9.	Returned to suppliers						
10.	Closing inventory on hand at the end of the month (Do not include cigarettes in vending machines)						
11.	Total cigarettes accounted for: Enter total of Lines 7 through 10						
12.	Overage or Shortage: Difference between Lines 3 & 11						
13.	Vendors only - total machine inventory at the end of month in each state						

Vendors Note: For the purpose of this report, a sale occurs only when cigarettes are placed into the vending machine. This report is in compliance with the Tax Reform Code of 1971, Article XII Cigarette Tax and Regulations.

I certify that this report has been examined by me and is to the best of my knowledge true, complete and correct. In support of this report.

PRINT NAME OF OFFICER	SIGNATURE OF OFFICER	TITLE	DATE
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SCHEDULE A

STATEMENT OF STAMPED CIGARETTE PURCHASES

FEIN _____ YEAR _____

REPORTING MONTH _____

CIGARETTE ACCOUNT ID _____

Please Print or Type

DATE RECEIVED	INVOICE DATE	INVOICE NUMBER	SUPPLIER NAME AND ADDRESS	PENNSYLVANIA ONLY		PHILADELPHIA ONLY		OTHER STATES	DEPT. USE ONLY
				20	25	20	25		
Totals									

- NOTES:**
- A. Report in packs only.
 - B. Wholesalers are required by the Tax Reform Code of 1971, Article XII Cigarette Tax and Regulations to keep purchase and sales documents, supporting records of all cigarette transactions, and duplicate copies of monthly reports for 4 years.
 - C. A separate form (REV-777, Schedule B) must be completed and submitted for each foreign state into which cigarettes are sold.
 - D. Each column must be completed in full where applicable. The information required on this form must show breakdowns for each state in which the wholesaler is transacting business.