



pennsylvania
 DEPARTMENT OF REVENUE
 BUREAU OF BUSINESS TRUST FUND TAXES
 PO BOX 280909
 MISCELLANEOUS TAX DIVISION
 HARRISBURG PA 17128-0909

**SCHEDULE A (SMOKELESS TOBACCO)
 MANUFACTURER/WHOLESALER'S
 REPORT OF SALES**

Check here for:	Manufacturer/Distributor Name	Account Number	Warehouse Location	Page Number _____ of _____	Period (MM/YY - MM/YY)
<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident					

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Invoice date and invoice number 2. Name of carrier 3. Name and address of purchaser/seller 4. PA tobacco products license number 5. Brand family of the tobacco product sold 6. Description of the tobacco product sold | <ol style="list-style-type: none"> 7. Number of smokeless tobacco units sold that were packaged in less than 1.2 oz. containers 8. Containers of smokeless tobacco sold weighing 1.2 oz. or greater 9. Total tax collected/paid on units less than 1.2 oz. 10. Total tax collected/paid on 1.2 oz. or greater. 11. Was the tax collected or paid - yes or no? If no tax is collected, you must retain a copy of the completed Tobacco Products Exemption Certificate (REV-1042) received from the purchaser for four years. |
|---|--|

(1) Invoice Date & Number	(2) Name of Common Carrier	(3) Purchaser's/Seller's Name and Address	(4) Tobacco Products License Number							

(5) Brand Family	(6) Product Description	(7) Unit Less Than 1.2 oz. Sold	(8) Ounces 1.2 or Greater Sold	(9) Total Tax Collected/Paid for Units Less than 1.2 oz	(10) Total Tax Collected/Paid for 1.2 oz or Greater	(11) Tax Collected/Paid Y/N

(1) Invoice Date & Number	(2) Name of Common Carrier	(3) Purchaser's/Seller's Name and Address	(4) Tobacco Products License Number							

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Page Total		
Grand Total		

Note: If multiple pages reported, please number all and sign on the last page. Intrastate & Interstate reports must be completed on separate sheets.

Name (Print or Typed)	Authorized Signature	Telephone Number	Date
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