



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

**SCHEDULE C (E-CIGARETTES/
 E-CIGARETTE PRODUCTS)
 MANUFACTURER/WHOLESALE'S
 REPORT OF SALES**

Check here for: <input type="checkbox"/> In-State (Intrastate) <input type="checkbox"/> Out-of-State (Interstate)	Manufacturer/Distributor Name	Account Number	Warehouse Location	Page Number _____ of _____	Period (MM/YY - MM/YY)
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- | | |
|---|--|
| <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. Quantity of items sold 8. Purchase price of item sold 9. Total tax collected/paid by purchaser 10. Was the tax collected or paid - yes or no? If no, 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) OTP License Number				

(5) Brand Family	(6) Product Description	(7) Quantity of Item Sold	(8) Purchase Price	(9) Total Tax Collected/Paid	(10) Tax Collected/Paid Y/N

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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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