



**SCHEDULE B**  
**CIGARETTES RECEIVED**  
 OTHER THAN THOSE WHICH YOU HAVE  
 RECEIVED FROM THE MANUFACTURER  
 & REPORTED ON SCHEDULE A-1

OFFICIAL USE ONLY

To be submitted with Form REV-1030 or REV-1030P. Please print or type.	Please indicate if reporting for <input type="checkbox"/> Pennsylvania or <input type="checkbox"/> Philadelphia	Reporting Month	Report Year
CSA Name		Cigarette License Number	

RECEIVED FROM NAME AND ADDRESS	NUMBER OF CIGARETTES RECEIVED				STATE STAMP	FOR DEPARTMENT USE ONLY		
	TAX PAID (PA STAMPED)	TAX PAID (PHILADELPHIA STAMPED)	NON TAX PAID (UNSTAMPED)	BEARING STAMPS FOR OTHER STATES				
<b>TOTALS</b>								

If additional space is needed, attach additional 8 1/2" x 11" sheets.  
 Email reports and appropriate schedules to: [ra-bfttcigtax@pa.gov](mailto:ra-bfttcigtax@pa.gov)

