SEEICIAL	HIGE	ONLY	



SCHEDULE D CIGARETTES SOLD INTO PA/PHILADELPHIA

			I All IIIEADE							
Nonresident Cigarette Stamping Agency Reporting of Cigarettes Sold into PA/Philadelphia			Please indicate if you are filing for Pennsylvania or Philadelphia			Federa	Federal EIN			
FILE IN DUPLI	CATE - Attach to	o form REV-1036, REV	/-1036P and REV-1030P, Resident and Nonresident	Stamp Affixing A	gency Month	ly Reports.				
License Name							State Cigarettes T	ransferred From		
Street Address							Report Month	F	Report Year	
City					State	ZIP	Date Completed	PA Cigarette License	Number	
Indicate h Post (PP) Invoice nu	ow cigarettes we ; Customer Truck ımber of product	<pre>< (CT) shipped into PA/Philad</pre>	Truck (DT); Common Carrier (CC); Parcel	5. Not require6. Not require7. Not require8. Total numb9. Not applica	d for Pennsy d for Pennsy er of cigarett	lvania/Philad lvania/Philad es per invoic	delphia delphia ee	ittes must be tax stam	ped	
(1) DATE	(2) HOW SHIPPED	(3) INVOICE NUMBER	(4) PURCHASER'S NAME AND ADDRESS	(5) NUMBER PACKS (2	OF NUME	6) BER OF S (25S)	(7) OTHER (SPECIFY)	(8) NUMBER OF CIGARETTES (STICKS	(9) TAX PAID (YES OR NO)	

(1) DATE	(2) HOW SHIPPED	(3) INVOICE NUMBER	(4) PURCHASER'S NAME AND ADDRESS	(5) NUMBER OF PACKS (20S)	(6) NUMBER OF PACKS (25S)	(7) OTHER (SPECIFY)	(8) NUMBER OF CIGARETTES (STICKS)	(9) TAX PAID (YES OR NO)
			Totals					

Total taxed cigarette sticks sold into PA/Philadelphia (Enter this total on REV-1036 Line 8, REV-1036P Line 7 and REV-1030P Line 4).

If additional space is needed, attach additional 8 1/2" x 11" sheets.

Email reports and appropriate schedules to: ra-btftcigtax@pa.gov