Ŕ	DEPARTMENT	ylvar OF REVEN	iia	(SU)	08-22
R	EV-	10			
PO B	OX 280	909			
HARF	RISBURG	g pa	17	128-0	)909

## LITTLE CIGARS RECEIVED FROM MANUFACTURER DURING MONTH SCHEDULE A-1

CIGARETTE LICENSE NUMBER

REPORTING MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

State

ZIP Code

PAGE NUMBER

ATTACH TO	<b>REV-1030/REV-1030P</b>	MONTHLY	REPORT

Please indicate which you are filing for: 
Pennsylvania 
Philadelphia

Name CSA

Street Address

City

Unstamped Cigarettes Received From

1. INVOICE DATE	2. INVOICE NUMBER	3. DATE RECEIVED	4. NUMBER OF UNSTAMPED LITTLE CIGARS (PACKS OF 20 & 25)	5. CREDITS	FOR DEPARTMENT USE ONLY
то	TAL (SCHEDULE				

NOTE: MAINTAIN DUPLICATE COPY FOR YOUR RECORDS.