



**MONTHLY PACT ACT REPORT
 TOBACCO SALES REPORT**

SECTION I BUSINESS INFORMATION

Reporting Period (Month/Year)	Due Date: 10th day of the month following the month in which cigarettes were shipped. See instructions for important information including mailing instructions.		
Business Name	Federal EIN	PA License Number	
Mailing Address			
City	State	ZIP Code	Country/Territory
Business Telephone Number	Contact Name	Email Address	Contact Telephone Number

SECTION II SALES INTO PENNSYLVANIA (Attach additional sheets as needed)

Date	Invoice Number	License Number		FEIN	
Brand	UPC	Type	Total Weight	Quantity	Wholesale List Price
Buyer	Buyer Address			Sale Price	
Deliverer	Deliverer Address			Telephone Number	
Date	Invoice Number	License Number		FEIN	
Brand	UPC	Type	Total Weight	Quantity	Wholesale List Price
Buyer	Buyer Address			Sale Price	
Deliverer	Deliverer Address			Telephone Number	
Date	Invoice Number	License Number		FEIN	
Brand	UPC	Type	Total Weight	Quantity	Wholesale List Price
Buyer	Buyer Address			Sale Price	
Deliverer	Deliverer Address			Telephone Number	

SECTION III CERTIFICATION

Under penalties of perjury, I verify I examined this report, and to the best of my knowledge it is true, correct and complete. I also verify such information is taken from the books and records of the business for which this return is filed.

Signature of Owner/Officer	Title	Telephone Number	Date
Signature of Owner/Officer	Title	Telephone Number	Date



Instructions for Form REV-1164

Monthly PACT ACT Report Tobacco Sales Report

REV-1164 IN (SU) 07-20

GENERAL INFORMATION

To comply with federal law Title 15 U.S. Code § 376, the Jenkins Act as amended by S. 1147, the Pact Act, any person who (1) sells, transfers or ships for profit cigarettes - including roll-your-own and smokeless tobacco - into a state; or (2) who advertises or offers cigarettes - including roll-your-own and smokeless tobacco - for such sale, transfer or shipment, is required to:

1. Register with the Pennsylvania Department of Revenue, providing name and trade name; address of principle place of business and of any other place of business; telephone numbers for each place of business; principal electronic mail address; any Web addresses; and the name, address and phone number of any agent in the state authorized to accept service on behalf of the business. Send to the Pennsylvania Department of Revenue a copy of your Pact Act registration form filed with the U.S. Attorney General, to meet this registration requirement. The form is available at <http://www.atf.gov/alcohol-tobacco/>.
2. File the Tobacco Products Sales Report and Tobacco Sales Report by the 10th day of each month for the previous month's shipments.

MAILING INSTRUCTIONS

Send your registration and reports electronically to ra-btftmiscstax@pa.gov or mail to:

PA DEPARTMENT OF REVENUE
PO BOX 280909
HARRISBURG PA 17128-0909

To comply with Pennsylvania law, Pennsylvania tobacco product dealers are required to:

1. Be licensed with the department to sell cigarettes, 72 P.S. § 8229-A.
2. Collect the applicable tobacco product and sales taxes and remit them to the department, 72 P.S. § 8207-A and 72 P.S. § 8204-A.
3. Not sell any tobacco products with modified or altered packaging, 72 P.S. § 8233-A.
4. Sell only roll-your-own listed on the PA Attorney General's website pursuant to the Act 64 Tobacco Product Manufacturer Directory Act, 35 P.S. § 5702.101-311 and 72 P.S. § 8261-A.

<https://www.attorneygeneral.gov/resources/tobacco-enforcement/>.

5. Comply with the Internet Sales Regulation 72 P.S. § 8202-A.

To contact the PA Department of Revenue by phone, call 717-787-8326.

LINE INSTRUCTIONS

SECTION I

BUSINESS INFORMATION

BUSINESS LICENSE NUMBER

Write the sales tax license number issued to you by Pennsylvania. Leave the box blank if you do not have a Pennsylvania sales tax license number.

FEIN OR LICENSE NUMBER

Write the buyer's Federal Employer Identification Number (FEIN) or Federal Tax Identification Number (FTIN). If the buyer does not have either of these numbers, write the buyer's state sales tax license number. If you are making a delivery sale to a consumer, leave the box blank.

SECTION II

UPC

Write the Universal Product Code for each carton sold.

TYPE

Write the number for each type of tobacco product you are reporting.

1. Snuff
2. Chew
3. Roll-your-own Cigarettes
4. Other

DELIVERER NAME, ADDRESS AND PHONE

Complete only for delivery sales and provide the information of the person who delivered the tobacco for you.

SECTION III

CERTIFICATION

Sign the bottom of the form.