



pennsylvania
DEPARTMENT OF REVENUE

BUREAU OF BUSINESS TRUST FUND TAXES
PO BOX 280909
HARRISBURG PA 17128-0909

**PHILADELPHIA NONRESIDENT
STAMP AFFIXING AGENCY MONTHLY
REPORT OF CIGARETTES
AND CIGARETTE TAX STAMPS**

Please print or type.

FEDERAL EIN _____
NAME _____
ADDRESS _____
CSA NUMBER _____
REPORT MONTH _____
DATE SUBMITTED _____

Reporting instructions (REV-1036P Instructions) are available online at www.revenue.pa.gov

LINE	STAMPED CIGARETTE ACCOUNT	CIGARETTES*	FOR DEPARTMENT USE ONLY AUDIT	DO NOT USE THIS SPACE FOR DEPARTMENT USE ONLY
1	Philadelphia stamped cigarettes on-hand beginning of month			
2	Number of cigarettes Philadelphia stamped during month from Line 20			
3	Philadelphia stamped cigarettes received during month - Schedule A			
4	Total (Add Lines 1, 2 and 3.)			
5	Philadelphia stamped cigarettes on hand at end of month			
6	Total to be accounted for (Subtract Line 5 from Line 4.)			
7	Stamped cigarettes sold into Philadelphia during month - Schedule D (REV-1032, REV-1032A)			
8	Other credits (Attach supporting statement.)			
9	Total cigarettes sold into Philadelphia and credits subject to tax (Add Lines 7 and 8.)			
10	Sales over and under (Subtract Line 6 from Line 9.)			

PHILADELPHIA CIGARETTE TAX STAMP ACCOUNT

LINE	DESCRIPTION	4.60	5.75	\$ VALUE
11	Opening inventory			
12	Purchased from department			
13	Additional purchases (Subject to prior departmental approval.)			
14	Total (Add Lines 11, 12 and 13.)			
15	Returned to department or restamped			
16	Closing inventory			
17	Total Lines 15 and 16			
18a	Philadelphia tax stamps used for cigarettes			
18b	Philadelphia tax stamps used for little cigars			
18c	Total Philadelphia tax stamps used (Subtract Line 17 from Line 14.)			
19	Convert to sticks	X 20	X 25	
20	Number of sticks stamped (Enter number on Line 2.)			

* Includes stampable little cigars.

I declare under penalties of perjury this monthly report, including any accompanying statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete monthly report.

Signature of Officer or Owner

Title

