



**pennsylvania**

DEPARTMENT OF REVENUE

BUREAU OF BUSINESS TRUST FUND TAXES

PO BOX 280909

MISCELLANEOUS TAX DIVISION

HARRISBURG PA 17128-0909

1144016105

**SCHEDULE L  
UNSTAMPABLE LITTLE CIGARS  
(SUBMIT WITH REV-1142)**

**This schedule must be filed by the 20th of each month along with the REV-1142, Unstampable Little Cigar Return.**

Business Name (please print)				Tax Period
Street Address	City	State	ZIP Code	PA Cigarette Account ID
Contact Person	Email Address		Telephone Number	FEIN

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. Date of shipment or transfer</li> <li>2. Invoice number of product shipped</li> <li>3. Invoice date of product shipped</li> <li>4. Purchaser's PA Cigarette Account ID</li> <li>5. Complete name and address of company or person to whom little cigars are sold</li> </ol> | <ol style="list-style-type: none"> <li>6. Brand name of product shipped</li> <li>7. Total number of little cigars per invoice excluding Philadelphia sales</li> <li>8. Total number of little cigars per invoice for Philadelphia only</li> <li>9. Did the purchaser pay the tax - yes or no? If no tax is collected you must retain a copy of the completed Cigarette Tax Exemption Certificate (REV-1042) received from the purchaser for four years</li> </ol> |
|---|---|

**Please provide the following information with respect to unstampable little cigar sales.**

(1) Date	(2) Invoice Number	(3) Invoice Date	(4) Retailers Cigarette Account ID	(5) Purchaser's Name and Address	(6) Brand Name	(7) Number of Little Cigars at State Tax Rate of .13 Per Stick	(8) Number of Little Cigars at Philadelphia Tax Rate of .23 Per Stick	(9) Tax Collected Y/N

Under penalties of perjury, the undersigned authorized agent of the company or individual filling out this form verifies all information contained herein is true and correct.

Name (Print or Typed)	Authorized Signature	Title	Date
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