

SCHEDULE C
E-CIGARETTES/E-CIGARETTE PRODUCTS
MANUFACTURER/WHOLESALE'S
REPORT OF SALES

OFFICIAL USE ONLY

ATTACH TO REV-679

Check here for:	Manufacturer/Distributor Name	Account Number	Warehouse Location	Page Number	Period (MM/YY - MM/YY)
<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident				_____ of _____	

NOTE: Please list whether the purchaser paid the tax in field 4 with a yes or no. If no tax is collected you must retain a copy of the completed Tobacco Products Exemptions Certificate (REV-1042) received from the purchaser for four years.

1. PURCHASER'S/SELLER'S NAME AND ADDRESS	2. NAME OF COMMON CARRIER	3. TOBACCO PRODUCTS LICENSE NUMBER	4. TAX PAID Y/N

5. INVOICE DATE	6. INVOICE NUMBER	7. MANUFACTURER/PRODUCT DESCRIPTION	8. PURCHASE PRICE	9. TOTAL TAX COLLECTED/PAID
CUSTOMER TOTALS				

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CUSTOMER TOTALS				

Name (Print or Typed)	Authorized Signature	Telephone Number	Date
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Email reports and appropriate schedules to: ra-rvbtftot@pa.gov
Note: If multiple pages reported, please number all and sign on the last page.

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CUSTOMER TOTALS				
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TOTAL PURCHASE PRICE	EXEMPT PURCHASE PRICE	TAXABLE PURCHASE PRICE	TAX DUE

Name (Print or Typed)	Authorized Signature	Telephone Number	Date

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