

**LICENSED CIGARETTE STAMPING AGENT (CSA) REPORTING  
 SCHEDULE FOR CIGARETTE SALES IN PENNSYLVANIA OF  
 NON-PARTICIPATING MANUFACTURER (NPM) BRANDS**

**This schedule should be attached to your Monthly Cigarette Stamping Agent report due the 20th of the month.**  
 Please provide the following information with respect to cigarettes that were made by a Non-Participating Manufacturer (NPM) and that were stamped and sold in Pennsylvania.

**SECTION I BUSINESS INFORMATION**

Reporting Month/Year	Select Appropriate Oval <input type="radio"/> None (No sales of NPM in PA) <input type="radio"/> Amended Form for Reporting Period _____	Cigarette Stamping Agent License Number	FEIN
----------------------	---	---	------

Business Name \_\_\_\_\_

Business Address	City	State	ZIP Code
------------------	------	-------	----------

Telephone Number	Fax Number	Email	Web Address
------------------	------------	-------	-------------

(A) BRAND NAME	(B) NUMBER OF CIGARETTES (STICKS) STAMPED AND SOLD WITHIN PA	(C) NON-PARTICIPATING MANUFACTURER NAME AND ADDRESS (IF KNOWN)	(D) NAME AND ADDRESS OF THE BUSINESS/PERSON(S) FROM WHOM EACH BRAND WAS PURCHASED
COLUMN B TOTAL			

**SECTION II CERTIFICATION**

Under penalties of perjury, the undersigned authorized agent of the company states that the company named above verifies that all information contained herein is true and correct, and gives consent for use of this information to the Office of Attorney General to monitor compliance pursuant to Act 54 of 2000, known as the Tobacco Settlement Agreement Act.

Authorized Agent Name	Authorized Agent Signature	Title	Date
-----------------------	----------------------------	-------	------

# Instructions for DAS-95

## Licensed Cigarette Stamping Agent Reporting Schedule and Instructions for Cigarette Sales in PA of Non-Participating Manufacturer (NPM) Brands


DAS-95 IN (SU) 06-22

### GENERAL INFORMATION

In accordance with Act 54 of 2000 known as the Tobacco Settlement Agreement Act, the Department of Revenue is required to compile information about NPM cigarettes sold in this state bearing the PA cigarette excise tax stamp. Complete and submit this schedule along with your monthly Cigarette Stamping report due the 20th of the month.

#### CIGARETTE

Any product that contains nicotine, is intended to be burned or heated under ordinary conditions of use, and consists of or contains any of the following: (1) any roll of tobacco wrapped in paper or in any substance not containing tobacco; or (2) tobacco, in any form, that is functional in the product, which, because of its appearance, the type of tobacco used in the filler, or its packaging and labeling, is likely to be offered to, or purchased by, consumers as a cigarette; or (3) any roll of tobacco wrapped in any substance containing tobacco, which, because of its appearance, the type of tobacco used in the filler or its packaging and labeling, is likely to be offered to, or purchased by, consumers as a cigarette described in clause (1) of this definition.

 **IMPORTANT:** See Act 54 of 2000, known as the Tobacco Settlement Agreement Act.

#### TOBACCO PRODUCT MANUFACTURER

Any person who meets the definitions found in Act 54 of 2000, known as the Tobacco Settlement Agreement Act.

#### LICENSED CIGARETTE STAMPING AGENT

Any person who is licensed pursuant to Article XII of the Tax Reform Code, known as the Cigarette Tax Act, and Cigarette Tax Regulation, Title 61, Article III of the PA Code.

#### NON-PARTICIPATING MANUFACTURER (NPM)

Any tobacco product manufacturer who is not a Participating Manufacturer (signatory) to the tobacco Master Settlement Agreement dated Nov. 23, 1998. A tobacco product manufacturer ceases to be a non-participating manufacturer upon entering into the Master Settlement Agreement. A listing of Participating Manufacturers is maintained and updated at the National Association of Attorneys General (NAAG) website, [www.naag.org](http://www.naag.org).

Attach the completed form to your Monthly Cigarette Stamping Agent Report due the 20th of each month. Each report must be signed by an authorized representative of your business.

 **IMPORTANT:** We **DO NOT** accept negative stick counts.


Please complete this schedule in full and submit electronically to: **RA-RVBTFTCIGTAX@PA.GOV**. Retain a copy for your files.

### LINE INSTRUCTIONS

#### SECTION I


#### BUSINESS INFORMATION

Enter the reporting month and year. The DAS-95 must report full calendar months. If CSA has no NPM sales, select applicable oval. If this is an amended form, select the oval and report for which reporting period.

 **NOTE:** Amended reports must include sales of NPM cigarettes for an entire period, and are required for months with returned sales.

Enter your business name and address as they appear on your license. Also enter your Federal EIN and the telephone, fax numbers, and email of an individual able to answer questions about your report. Include the web address.

This report must be completed for every cigarette brand that is stamped and sold within this state and that is not on the list of Participating Manufacturer brands noted on NAAG's website.

 **NOTE:** If more space is required, you may copy this form.

### COLUMN INSTRUCTIONS

#### A. BRAND NAME

Enter the full brand name of the product sold (do not abbreviate). Do not break down into sub-categories, such as regular, menthol, light, etc. For example, for a cigarette named "Alpha Bravo Gold Menthol Lights", report only "Alpha Bravo Gold". Do not report as "A B Gold" or "A B Gold Menthol Lights".

#### B. NUMBER OF CIGARETTES (STICKS) STAMPED AND SOLD WITHIN PA

Enter the number of individual NPM cigarettes (sticks) sold monthly in Pennsylvania in packages to which you affixed the PA cigarette excise tax stamp. This includes NPM sample cigarettes. Do not list cigarettes that were purchased with the PA cigarette excise tax stamp already affixed.

**C. NON-PARTICIPATING MANUFACTURER  
NAME AND ADDRESS (IF KNOWN)**

Enter the name and address of the non-participating manufacturer of the brand (if known).

**D. NAME AND ADDRESS  
OF THE BUSINESS/PERSON(S)  
FROM WHOM EACH BRAND WAS PURCHASED**

Enter the name and address of the business/person from whom each brand was purchased if different from the person identified in Column c.

<b>SECTION II</b>
-------------------

**CERTIFICATION**

Signature of the authorized agent certifies that the above is correct to the best knowledge and belief of the undersigned.