

OFFICIAL USE ONLY

SCHEDULE D CIGARETTES SOLD INTO PA/PHILADELPHIA

Nonresident Cigarette Stamping Agency Please indicate if you are filing for Pennsylvania or Philadelphia Philadelphia Federal EIN	Philadelphia Federal EIN
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FILE IN DUPLICATE – Attach to form REV-1036, REV-1036P and REV-1030P, Resident and Nonresident Stamp Affixing Agency Monthly Reports.

License Name				State Cigarettes Transferred From			
Street Address				Report Month			
City	State	ZIP	Date Completed	PA Cigarette License Number			

1. Date of shipment or transfer into PA/Philadelphia

2. Indicate how cigarettes were shipped: Distributor Truck (DT); Common Carrier (CC); Parcel Post (PP); Customer Truck (CT)

3. Invoice number of product shipped into PA/Philadelphia

4. Complete name and address of company or person to whom cigarettes were sold

5. Not required for Pennsylvania/Philadelphia

6. Not required for Pennsylvania/Philadelphia

- 7. Not required for Pennsylvania/Philadelphia
- 8. Total number of cigarettes per invoice

9. Not applicable for Pennsylvania/Philadelphia, as all cigarettes must be tax stamped

(1) DATE	(2) HOW SHIPPED	(3) INVOICE NUMBER	(4) PURCHASER'S NAME AND ADDRESS	(5) NUMBER OF PACKS (20S)	(6) NUMBER OF PACKS (25S)	(7) OTHER (SPECIFY)	(8) NUMBER OF CIGARETTES (STICKS)	(9) TAX PAID (YES OR NO)

(1) DATE	(2) HOW SHIPPED	(3) INVOICE NUMBER	(4) PURCHASER'S NAME AND ADDRESS	(5) NUMBER OF PACKS (20S)	(6) NUMBER OF PACKS (25S)	(7) OTHER (SPECIFY)	(8) NUMBER OF CIGARETTES (STICKS)	(9) TAX PAID (YES OR NO)
	Totals							

Total taxed cigarette sticks sold into PA/Philadelphia (Enter this total on REV-1036 Line 8, REV-1036P Line 7 and REV-1030P Line 4). If additional space is needed, attach additional 8 1/2" x 11" sheets. Email reports and appropriate schedules to: **ra-btftcigtax@pa.gov**