$\overline{}$		 ISF	/



SCHEDULE D CIGARETTES SOLD OUTSIDE PA

Resident Cigarette Stamping Agency Reporting of Out-of-State Cigarette Sales

SECTION I TAXPAYER INFORMATION									
Licensee Name									
Street Address									
City		State		State	ZIP Code				
Reporting Month Reporting Year		⁄ear	FEIN			PA Cigarette License Number			
SECTION II CIGARE	TTES SOL	.D	<u> </u>						
Enter the state into which cigarette									
2. Enter the total number of invoiced									
3. Enter the total number of cigarette	sticks sold.								
1. STATE		2. INVOICED CIGARETTE SALES			3. NUMBER OF CIGARETTES (STICKS)				

If additional space is needed, attach additional 8 1/2" x 11" sheets.

Email reports and appropriate schedules to: ra-btftcigtax@pa.gov