IMPORTANT: FILL IN FORM MUST BE DOWNLOADED ONTO YOUR COMPUTER PRIOR TO COMPLETING

REV-1043

## CIGARETTE STAMPING AGENT PURCHASE ORDER CIGARETTE TAX INDICIA

Print or type all information and retain a copy for your records. To be completed by the Cigarette Stamping Agent (CSA).

| START $\rightarrow$ | SECTION I | CIGARETTE STAMPING AGENT INFORMATION |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Name |  | FEIN | Cigarette Account ID | Date MM/DD/YYYY |
|  | Street Address |  | City | State | ZIP Code |
|  | Telephone Number | Fax Number | Email Address |  |  |
|  | SECTION II | CIGARETTE TAX INDICIA PURCHASE ORDER |  |  |  |

Special Delivery Instructions


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## PAYMENT AMOUNT \$

Commission may only be calculated off of the state tax rate for all stamp purchases. Commission is not permitted on purchases of less than $\$ 100$ (gross value). Checks made payable to PA Department of Revenue are accepted, subject to final payment and at risk of payer. Deduct credit memos from gross value before calculating your commission

If you have any questions, email the department at RA-RVBTFTCIGTAX@PA.GOV. Place your order on your myPATH account at mypath.pa.gov or fax the department at 717-705-8413


[^0]:    Total State Amount Due + Total Philadelphia Amount Due =

