## DEPARTMENT OF REVENUE BUREAU OF BUSINESS TRUST FUND TAXES PO BOX 280909 HARRISBURG PA 17128-0909

## SCHEDULE B

## CIGARETTE WHOLESALER DEALER MONTHLY SALES REPORT

## Attach to Form REV-772, Cigarette Wholesaler Monthly Report

Name of Wholesaler:			Reporting Month:	Year:
Street Address:			Cigarette Account ID:	
City:	State:	ZIP:	FEIN	

- 1. Date of sale
- Indicate how cigarettes were shipped: Distributor Truck (DT); Common Carrier (CC); Parcel Post (PP); Customer Truck (CT)
- 3. Sales invoice #
- 4. Complete name and address of company or person to whom cigarettes were sold

- 5. Total number of Pennsylvania stamped cigarettes in packs of 20 and 25
- 6. Total number of Philadelphia stamped cigarettes in packs of 20 and 25
- 7. Total number of cigarette packs sold in other states

(1) Date of Sale	(2) How Shipped	(3) Sales Invoice #	(4) Purchaser's Name and Address	(5) Pennsylvania Stamped Only # Packs		(6) Philadelphia Stamped Only # Packs		(7) Other States
		20	25	20	25			

(1) (2) Date How of Sale Shipped	(3) Sales Invoice #	(4) Purchaser's Name and Address	(5) Pennsylvania Stamped Only # Packs		(6) Philadelphia Stamped Only # Packs		(7) Other States	
				20	25	20	25	
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	·		Total Taxed Cigarettes Sold					