

SCHEDULE B
ROLL YOUR OWN/SMOKING TOBACCO
MANUFACTURER/WHOLESALE'S
REPORT OF SALES

OFFICIAL USE ONLY

Check here for:	Manufacturer/Distributor Name	Account Number	Warehouse Location	Page Number	Period (MM/YY - MM/YY)
<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident				_____ of _____	

NOTE: Please list whether the purchaser paid the tax in field 4 with a yes or no. If no tax is collected you must retain a copy of the completed Tobacco Products Exemptions Certificate (REV-1042) received from the purchaser for four years.

1. PURCHASER'S/SELLER'S NAME AND ADDRESS			2. NAME OF COMMON CARRIER		3. TOBACCO PRODUCTS LICENSE NUMBER	4. TAX PAID Y/N
5. INVOICE DATE	6. INVOICE NUMBER	7. MANUFACTURER/PRODUCT DESCRIPTION	8. UNIT LESS THAN 1.2 OZ. SOLD	9. TOTAL TAX COLLECTED/PAID FOR UNITS LESS THAN 1.2 OZ	10. OUNCES 1.2 OR GREATER SOLD	11. TOTAL TAX COLLECTED/PAID FOR 1.2 OZ OR GREATER
CUSTOMER TOTALS						

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CUSTOMER TOTALS						

Name (Print or Typed)	Authorized Signature	Telephone Number	Date

File appropriate schedules with return at mypath.pa.gov.
Note: If multiple pages reported, please number all and sign on the last page.

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TOTAL UNITS LESS THAN 1.2 OZ.	EXEMPT UNITS	TAXABLE UNITS	TAX DUE	TOTAL OUNCES 1.2 OR GREATER	EXEMPT OUNCES	TAXABLE OUNCES	TAX DUE

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