pennsylvania
DEPARTMENT OF REVENUE

(SU) 06-23

REV-679 C

SCHEDULE C
E-CIGARETTES/E-CIGARETTE PRODUCTS
MANUFACTURER/WHOLESALER'S
REPORT OF SALES

Check here for: ◯ Resident ◯ Non-Resident	Manufacturer/Distributor Name	Account Number	Warehouse Location	Page Number _____ of _____	Period (MM/YY - MM/YY)

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. PURCHASE PRICE	9. TOTAL TAX COLLECTED/PAID
		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 PURCHASE PRICE	EXEMPT PURCHASE PRICE	TAXABLE PURCHASE PRICE	TAX DUE

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