REV-1032 AS (08-09)

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

SCHEDULE "D"
CIGARETTES SOLD INTO PA

Federal EIN: _____

Nonresident Cigarette Stamping Agency Reporting of Cigarettes Sold into PA

FILE IN DUPLICATE – Attach to Form REV-1036, Nonresident Stamp Affixing Agency Monthly Report

State cigarettes transferred from:	Report month: Year:
License name:	Date completed: / /
Street address:	PA cigarette license number:
City: State: ZIP:	

1. Date of shipment or transfer into PA
2. Indicate how cigarettes were shipped: Distributor Truck (DT); Common Carrier (CC); Parcel Post (PP); Customer Truck (CT)
3. Invoice number of product shipped into PA
4. Complete name and address of company or person to whom cigarettes were sold
5. Not required for Pennsylvania
6. Not required for Pennsylvania
7. Not required for Pennsylvania
8. Total number of cigarettes per invoice
9. Not applicable for Pennsylvania, as all cigarettes must be tax stamped

(1) Date	(2) How Shipped	(3) Invoice Number	(4) Purchaser's Name and Address	(5) Number of Packs (20s)	(6) Number of Packs (25s)	(7) Other (Specify)	(8) Number of Cigarettes (Sticks)	(9) Tax Paid (Yes/No)

(1) Date	(2) How Shipped	(3) Invoice Number	(4) Purchaser's Name and Address	(5) Number of Packs (20s)	(6) Number of Packs (25s)	(7) Other (Specify)	(8) Number of Cigarettes (Sticks)	(9) Tax Paid (Yes/No)
Total taxed cigarette sticks sold into PA (Enter this total on REV-1036 Line 8)								