

MONTHLY PACT ACT REPORT
CIGARETTE SALES REPORT

SECTION I **BUSINESS INFORMATION**

| | | | |
|-------------------------------|--|---------------|--------------------------|
| Reporting Period (Month/Year) | Due Date: 10th day of the month following the month in which cigarettes were shipped. See instructions for important information including mailing instructions. | | |
| Business Name | | Federal EIN | PA License Number |
| Mailing Address | | | |
| City | | State | ZIP Code |
| Country/Territory | | | |
| Business Telephone Number | Contact Name | Email Address | Contact Telephone Number |

SECTION II **SALES INTO PENNSYLVANIA (Attach additional sheets as needed)**

| | | | |
|-----------|-------------------|----------------|--------------------|
| Date | Invoice Number | License Number | FEIN |
| Brand | UPC | | Cigarette (sticks) |
| Buyer | Buyer Address | | Sale Price |
| Deliverer | Deliverer Address | | Telephone Number |
| Date | Invoice Number | License Number | FEIN |
| Brand | UPC | | Cigarette (sticks) |
| Buyer | Buyer Address | | Sale Price |
| Deliverer | Deliverer Address | | Telephone Number |
| Date | Invoice Number | License Number | FEIN |
| Brand | UPC | | Cigarette (sticks) |
| Buyer | Buyer Address | | Sale Price |
| Deliverer | Deliverer Address | | Telephone Number |

SECTION III **CERTIFICATION**

Under penalties of perjury, I verify I examined this report, and to the best of my knowledge it is true, correct and complete. I also verify such information is taken from the books and records of the business for which this return is filed.

| | | | |
|----------------------------|-------|------------------|------|
| Signature of Owner/Officer | Title | Telephone Number | Date |
| Signature of Owner/Officer | Title | Telephone Number | Date |

Instructions for Form REV-1163

Monthly PACT ACT Report Tobacco Sales Report

REV-1163 IN (SU) 06-20

GENERAL INFORMATION

To comply with federal law (Title 15 U.S. Code § 376, the Jenkins Act as amended by S. 1147, the Pact Act), any person who (1) sells, transfers or ships for profit cigarettes - including roll-your-own and smokeless tobacco - into a state; or (2) advertises or offers cigarettes - including roll-your-own and smokeless tobacco - for such sale, transfer or shipment, is required to:

1. Register with the Pennsylvania Department of Revenue, providing name and trade name; address of principle place of business and of any other place of business; telephone numbers for each place of business; principal email address; any web addresses; and the name, address and phone number of any agent in the state authorized to accept service on behalf of the business. Send to the Pennsylvania Department of Revenue a copy of your Pact Act registration form filed with the U.S. Attorney General, to meet this registration requirement. The form is available at <http://www.atf.gov/alcohol-tobacco/>.
2. File the Cigarette Sales Report and Tobacco Sales Report by the 10th day of each month for the previous month's shipments.

MAILING INSTRUCTIONS

Send your registration and reports electronically to **ra-bftfmisctax@pa.gov** or mail to:

**PA DEPARTMENT OF REVENUE
PO BOX 280909
HARRISBURG PA 17128-0909**

To comply with Pennsylvania law, Pennsylvania cigarette dealers are required to:

1. Be licensed with the department to sell cigarettes, 72 P.S. § 228-A.
2. Comply with the state minimum price regulations, 72 P.S. § 217-A.
3. Only ship Pennsylvania stamped cigarettes to Pennsylvania addresses, 72 P.S. § 8273.
4. Collect the applicable cigarette and sales taxes and remit them to the department, 72 P.S. § 8272(b) and 72 P.S. § 7268(b).
5. Not sell any "gray market" cigarettes, 72 P.S. § 217.1-A.

6. Sell only cigarettes listed on the PA Attorney General's website pursuant to the Act 64 Tobacco Product Manufacturer Directory Act and Cigarette Fire Safety & Fire Fighter Protection Act, 35 P.S. § 5702.101-311.
7. Comply with the Internet Sales Regulation 72 P.S. § 231A.

To contact the PA Department of Revenue by phone, call 717-787-8326.

LINE INSTRUCTIONS

SECTION I

BUSINESS INFORMATION

BUSINESS LICENSE NUMBER

Write the cigarette dealer license number issued to you by Pennsylvania. Leave the box blank if you do not have a Pennsylvania cigarette dealer license number.

SALES FEIN OR LICENSE NUMBER

Provide the buyer's Federal Employer Identification Number (FEIN) or Federal Tax Identification Number (FTIN). If the buyer does not have either of these numbers, write the buyer's state cigarette license number in the License Number box. If you are making a delivery sale to a consumer, leave the box blank.

SECTION II

UPC

Write the Universal Product Code for each carton sold.

DELIVERER NAME, ADDRESS AND PHONE

Complete only for delivery sales and provide the information of the person who delivered the cigarettes for you.

SECTION III

CERTIFICATION

Sign the bottom of the form.