DAS-34 (11-10)

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

SCHEDULE "C"

Please Print Clearly

START ➜

FEDERAL EIN: ______________________

CIGARETTE LICENSE NUMBER: ______________________

MM/DD/YY

NAME	ADDRESS	DATE:
		REPORT MONTH: YEAR:

CIGARETTES SOLD TO TAX EXEMPT ORGANIZATIONS DURING MONTH

NAME AND ADDRESS	TAX PAID (PA STAMPED)	NONTAX PAID (UNSTAMPED)
Total (REV-1030 ENTER ON LINE 9, REV-1036 ENTER ON LINE 7)		

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