



**pennsylvania**  
DEPARTMENT OF REVENUE

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

**PHILADELPHIA  
RESIDENT STAMP AFFIXING  
AGENCY MONTHLY REPORT  
OF CIGARETTES AND  
CIGARETTE TAX STAMPS**

Please print or type.

FEDERAL EIN: \_\_\_\_\_

REPORTING MONTH \_\_\_\_\_

YEAR \_\_\_\_\_

NAME			CSA NUMBER	
STREET ADDRESS		CITY	STATE	ZIP CODE

	<b>SECTION 1 - STAMPED CIGARETTE ACCOUNT</b>	<b>COLUMN 1</b>	<b>COLUMN 2</b>	<b>COLUMN 3</b>
1	OPENING INVENTORY - STAMPED FOR PHILADELPHIA			
2	CIGARETTES PHILADELPHIA STAMPED - LINE 22			
3	<b>TOTAL INVENTORY - ADD LINES 1 AND 2</b>			
4	CLOSING INVENTORY - STAMPED PHILADELPHIA			
5	RETURNED TO MANUFACTURER - SCHEDULE A-1, COLUMN 5			
6	SOLD TO TAX EXEMPT AGENCIES			
7	<b>ADD LINES 4 THROUGH 6</b>			
8	BALANCE TAXABLE - SUBTRACT LINE 7 FROM LINE 3 (PHILADELPHIA SCHEDULE D)			
9	TAX RATE			\$ 0.23
10	<b>AMOUNT OF TAX DUE - MULTIPLY LINE 8 BY LINE 9</b>			

	<b>SECTION 2 - STAMP ACCOUNT</b>	<b>STAMPS</b>	<b>STAMPS</b>	<b>VALUE</b>
		4.60	5.75	
11	OPENING INVENTORY - UNAFFIXED			
12	PURCHASED FROM DEPARTMENT			
13	OTHER:			
14	<b>TOTAL - ADD LINES 11 THROUGH 13</b>			
15	RETURNED TO DEPARTMENT			
16	USED FOR RE-STAMPING			
17	OTHER:			
18	CLOSING INVENTORY - UNAFFIXED			
19	<b>TOTAL - ADD LINES 15 THROUGH 18</b>			
20	<b>STAMPS USED - SUBTRACT LINE 19 FROM LINE 14</b>			\$
21	CONVERT TO STICKS	X 20	X 25	TOTAL
22	<b>STICKS PA STAMPED - MULTIPLY LINE 21 BY LINE 20</b>			

<b>RECONCILIATION</b>					
23	AMOUNT OF TAX DUE FROM LINE 10	\$	25	ADDITIONAL TAX DUE	\$
24	VALUE OF STAMPS USED LINE 20	\$	26	VALUE OF EXCESS STAMPS USED	\$

**NOTE:** PHILADELPHIA STAMPED CIGARETTE ACCOUNT ON REVERSE SIDE



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LINE	SECTION 3 - PHILADELPHIA STAMPED CIGARETTE ACCOUNT	COLUMN 1	COLUMN 2
1	OPENING INVENTORY - PHILADELPHIA STAMPED		
2a	PHILADELPHIA TAX STAMPS USED FOR CIGARETTES		
2b	PHILADELPHIA TAX STAMPS USED FOR LITTLE CIGARS		
2c	TOTAL PHILADELPHIA TAX STAMPS USED - FROM SECTION 2, LINE 22		
3	PURCHASED FROM OTHERS - SCHEDULE B		
4	<b>TOTAL PHILADELPHIA STAMPED - ADD LINES 1, 2C AND 3</b>		
5	RETURNED TO MANUFACTURER		
6	DESTROYED OR STOLEN		
7	OTHER		
8	CLOSING INVENTORY PHILADELPHIA STAMPED		
9	<b>TOTAL - ADD LINES 5 THROUGH 8</b>		
10	<b>AVAILABLE FOR SALE - SUBTRACT LINE 9 FROM LINE 4</b>		
11	SALES IN PHILADELPHIA		
12	<b>SALES OVER OR (UNDER) - SUBTRACT LINE 10 FROM LINE 11</b>		

FOR DEPARTMENT USE ONLY					REMARKS:	
RECEIVED		ACCEPTED		RETURNED		
CONTROL		SCHEDULE A-1		SCHEDULE A-1		
I declare under the penalties of perjury this monthly report, including any accompanying statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete monthly report.						
Signature		Title		Date		

**INSTRUCTIONS:**

1. This report and its schedules shall contain a complete account of all Philadelphia cigarettes and Philadelphia cigarette tax stamps handled during the reporting period.
2. Schedules A-1, B, F and two copies of Schedule D must accompany this report where applicable.
3. This report must be prepared in duplicate; the original must be filed with the PA Department of Revenue, and the duplicate must be retained by cigarette stamping agent for at least four years.
4. The report is due on the 20th day after the end of the month for which it is prepared.