pennsylvania
DEPARTMENT OF REVENUE

(SU) 09-22

REV-1032A

SCHEDULE D
LITTLE CIGARS SOLD INTO
PA/PHILADELPHIA

Nonresident Cigarette Stamping Agency **Reporting of Little Cigars Sold into PA/Philadelphia**	Please indicate if you are filing for ◯ **Pennsylvania** or ◯ **Philadelphia**	Federal EIN

FILE IN DUPLICATE – Attach to form REV-1036, REV-1036P and REV-1030P, Resident and Nonresident Stamp Affixing Agency Monthly Reports.

License Name			State Little Cigars Transferred From	
Street Address			Report Month	Report Year
City	State	ZIP	Date Completed	PA Cigarette License Number

1. Date of shipment or transfer into PA/Philadelphia
2. Indicate how little cigars were shipped: Distributor Truck (DT); Common Carrier (CC); Parcel Post (PP); Customer Truck (CT)
3. Invoice number of product shipped into PA/Philadelphia
4. Complete name and address of company or person to whom little cigars were sold

5. Not required for Pennsylvania/Philadelphia
6. Not required for Pennsylvania/Philadelphia
7. Not required for Pennsylvania/Philadelphia
8. Total number of little cigars per invoice
9. Not applicable for Pennsylvania/Philadelphia, 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 LITTLE CIGARS (STICKS)	(9) TAX PAID (YES OR 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 LITTLE CIGARS (STICKS)	(9) TAX PAID (YES OR NO)
			TOTALS					

Total taxed little cigar sticks sold into PA/Philadelphia (Enter this total on REV-1036 Line 8, REV-1036P Line 7 and REV-1030P Line 4).
If additional space is needed, attach additional 8 1/2" x 11" sheets.
Email reports and appropriate schedules to: **ra-btftcigtax@pa.gov**