



**Clean Indoor Air Act Exception Renewal
Sales Information Form**
Exception Type: Drinking Establishment Type I

Exception Expiration Date: _____
Form Must Be Received By: _____

*** Additional guidance for completing this form can be found on the reverse side ***

Business Name: _____

Trade Name: _____

Exception ID: _____

Sales and Use Tax ID (STLN): _____

This can be found on your current Exception certificate.

License Identification (LID) #: _____

Entity ID (EIN): _____

Enter Actual Sales Information for the previous 12-month period below (round to the nearest dollar). Monthly filers should enter sales data in months indicated "M", quarterly filers should enter data in months indicated "Q" and semi-annual filers should enter data in months indicated "S."

Reporting Period →	M/S:	M:	M/Q:	M:	M:	M/Q:	M/S:	M:	M/Q:	M:	M:	M/Q:	TOTAL
Total Gross Sales (taxable & non-taxable)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total Food Sales (including take-out)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total On-Premises Consumption Food Sales:	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

Method of filing sales to the Department of Revenue:

Telephone _____ E-Tides _____

Frequency of filing to the Department of Revenue – Enter Reporting Period Above:

____ Monthly (M) ____ Quarterly (Q) ____ Semi-Annually (S)

**See reverse side for additional guidance
and how to submit this form.**

Affidavit of Preparer:

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made is subject to the penalties prescribed by 18 Pa.C.S.A. §4904 (unsworn falsification to authorities).

Signature of Preparer: _____

Print Name: _____

Date: _____ Title of Preparer: _____

Phone: _____ E-mail: _____

Helpful Definitions:

Your establishment has been granted a Clean Indoor Air Act Exception as a **Drinking Establishment Type I**. All items sold are to be included on the Sales Information Form. Sales reported should match the information provided on your last filing to the Department of Revenue (Revenue).

Total Gross Sales: All items sold by the establishment, both taxable and non-taxable sales. Include **all** food, liquor, and non-food items.

Total Food Sales: **All food** that is sold in the establishment. (This is the taxable amount reported.) Food sales include take-out sales, as well as chips, pretzels, and other snacks, if purchased by the customer. **Enter -0- if no food is sold.**

Total on-Premises Consumption Food Sales: Report only the amount of food sold for consumption in the establishment. Take-out food should not be included. **Enter -0- if no food is sold.**

*If all food is consumed on-premises, **Total Food Sales** and **Total on-Premises Sales** will be the same. Enter the same number on both lines.*

Filing Frequency:

Monthly: Enter sales information for the last twelve (12) months as filed with Revenue. Write month and year (MM/YY) being reported at the top of each column.

Quarterly: Enter sales information for the last four (4) quarters as filed with Revenue. Write the quarter and year being reported in the columns marked M/Q. (i.e. 3rd/11, 4th/11, 1st/12, 2nd/12)

Semi-annually: Enter sales information for the last two (2) six-month reporting cycles as filed with Revenue. Write the reporting period in the columns marked M/S. (i.e. Jul-Dec 11 / Jan-Jun 12)

If your filing frequency with Revenue has changed, enter sales figures as reported to Revenue to provide 12 months of sales information.

Reminders:

- ✓ All establishments **must** return the Sales Information Form
- ✓ **Write Legibly**
- ✓ Include Exception ID
- ✓ Include LID Number
- ✓ Use most recent 12 months of sales as reported to Revenue
- ✓ Round to nearest dollar
- ✓ Review to make sure all information has been entered
- ✓ Submit by required due date

Failure to submit a Sales Information Form will result in termination of the Clean Indoor Air Act Exception and require the establishment to immediately be smoke-free. If the establishment wants to then reapply for an exception, a new application form will be required.

The Sales Information Form can be submitted by any of the following options:

U.S. Mail: Pennsylvania Department of Health
Division of Tobacco Prevention and Control
625 Forster Street
Room 1032 Health and Welfare Building
Harrisburg, PA 17120

Fax: (717) 214-6690

E-mail: RA-CIAA@pa.gov

Questions? Call (717) 783-6600

At this time, all establishments must submit the Sales Information Form, *even if selecting the CIAA feature when using E-Tides to report to Revenue.*