



**Clean Indoor Air Act Exception Renewal  
Sales Information Form**  
Exception Type: Tobacco Shop

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.*

**Cigarette Dealer's License #:** \_\_\_\_\_

**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
<b>Total Gross Sales</b> (All taxable & non-taxable items, including non-tobacco related products )	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>Total Tobacco and Tobacco Related Product Sales</b> (Both taxable and non-taxable)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

**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: \_\_\_\_\_ Email: \_\_\_\_\_

## Helpful Definitions:

Your establishment has been granted a Clean Indoor Air Act Exception as a Tobacco Shop. Everything sold is to be included on the Sales Information Form. Sales reported should match the information provided to the Department of Revenue (Revenue) as of your last filing.

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

**Total Tobacco and Tobacco Related Product Sales:** All tobacco and tobacco related products ONLY.

## 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 CigaretteLID 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](mailto: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.*