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

Updated November 2017

**Business Operations:**

Is the facility a dance club/hall on certain days? Yes No

Does the facility ever have dancing and/or shows? Yes No

Is entertainment ever provided (disc jockey, bands, etc.)? Yes No

Is there ever an admission charged? Yes No

If yes to any of the above questions, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you have a liquor license? Yes No If yes, list LID: \_\_\_\_\_\_\_\_\_

Hours of operation:

Sunday \_\_\_\_\_\_\_\_\_\_ Thursday \_\_\_\_\_\_\_\_\_\_

Monday \_\_\_\_\_\_\_\_\_\_ Friday \_\_\_\_\_\_\_\_\_\_

Tuesday \_\_\_\_\_\_\_\_\_\_ Saturday \_\_\_\_\_\_\_\_\_\_

Wednesday \_\_\_\_\_\_\_\_\_\_

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

**Renewal Instructions and Definitions:**

Your establishment is applying for renewal of your current 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

**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.*