

PA-2 State Tobacco P.A.C.T. Act Report

Step 1: Identify your business

Name: _____

Reporting period: ____/____/____ (Month/Year)

Address: _____
Number and street

License no.: _____

City _____ State/Province _____ ZIP _____

Federal employer identification number: _____ - _____
(FEIN)

Country/Territory: _____

Phone: (____) _____ - _____ Ext: _____

Contact name: _____

Email address: _____

Step 2: Identify your sales into Illinois

Date: ____/____/____ Invoice: _____

Type: _____ Total weight: _____ Quantity: _____

Brand: _____ UPC: _____

Wholesale list price: _____

Buyer: _____ Address: _____
Street address City State ZIP

Retail sales price: \$ _____

Deliverer: _____ Address: _____
Street address City State ZIP

FEIN: _____ License #: _____

Phone: (____) _____ - _____

Date: ____/____/____ Invoice: _____

Type: _____ Total weight: _____ Quantity: _____

Brand: _____ UPC: _____

Wholesale list price: _____

Buyer: _____ Address: _____
Street address City State ZIP

Retail sales price: \$ _____

Deliverer: _____ Address: _____
Street address City State ZIP

FEIN: _____ License #: _____

Phone: (____) _____ - _____

Date: ____/____/____ Invoice: _____

Type: _____ Total weight: _____ Quantity: _____

Brand: _____ UPC: _____

Wholesale list price: _____

Buyer: _____ Address: _____
Street address City State ZIP

Retail sales price: \$ _____

Deliverer: _____ Address: _____
Street address City State ZIP

FEIN: _____ License #: _____

Phone: (____) _____ - _____

Date: ____/____/____ Invoice: _____

Type: _____ Total weight: _____ Quantity: _____

Brand: _____ UPC: _____

Wholesale list price: _____

Buyer: _____ Address: _____
Street address City State ZIP

Retail sales price: \$ _____

Deliverer: _____ Address: _____
Street address City State ZIP

FEIN: _____ License #: _____

Phone: (____) _____ - _____

Date: ____/____/____ Invoice: _____

Type: _____ Total weight: _____ Quantity: _____

Brand: _____ UPC: _____

Wholesale list price: _____

Buyer: _____ Address: _____
Street address City State ZIP

Retail sales price: \$ _____

Deliverer: _____ Address: _____
Street address City State ZIP

FEIN: _____ License #: _____

Phone: (____) _____ - _____

Step 3: Sign below

Under penalties of perjury, I state that I have examined this report, and, to the best of my knowledge, it is true, correct, and complete. I also state that such information is taken from the books and records of the business for which this report is filed.

Owner or officer's signature and title (state if individual owner, member of firm, or corporate officer title) _____ Title: _____ Telephone number (include area code) (____) _____ - _____ Date ____/____/____

Preparer's signature and title (state if individual owner, member of firm, or corporate officer title) _____ Title: _____ Telephone number (include area code) (____) _____ - _____ Date ____/____/____

This form is authorized under federal law. Disclosure of this information is required. Failure to provide information may result in penalties as authorized by law.