

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 _____

Identify the state

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)

(____) _____ - _____
Telephone number (include area code)

_____/_____/_____
Date

Preparer's signature and title (state if individual owner, member of firm, or corporate officer title)

(____) _____ - _____
Telephone number (include area code)

_____/_____/_____
Date

General Information

What does the P.A.C.T. Act refer to?

The Prevent All Cigarette Trafficking Act of 2009 is commonly referred to as the PACT Act. Senate Bill 1147 was signed and became public law 111-154.

It is the purpose of this Act to:

- require Internet and other remote sellers of cigarettes and smokeless tobacco to comply with the same laws that apply to law-abiding tobacco retailers;
- create strong disincentives to illegal smuggling of tobacco products;
- provide government enforcement officials with more effective enforcement tools to combat tobacco smuggling;
- make it more difficult for cigarette and smokeless tobacco traffickers to engage in and profit from their illegal activities;
- increase collections of Federal, State, and local excise taxes on cigarettes and smokeless tobacco; and,
- prevent and reduce youth access to inexpensive cigarettes and smokeless tobacco through illegal Internet or contraband sales.

Who must file this report

You must file this report if you advertise, offer for sale, sell, transfer, or ship (for profit) smokeless tobacco in interstate commerce. This smokeless tobacco must be shipped into another state, locality, or Indian nation that taxes the sale or use of smokeless tobacco.

When do I file?

The report is due no later than the 10th day of each calendar month for the previous calendar month's shipments.

Where do I send the report?

A separate report should be sent to the tobacco tax administrator of each state into which shipments are made.

Mail to:

**Illinois Department of Revenue
P.O. Box 19018
Springfield IL 62794-9018**

Step-by-Step Instructions

Step 1: Identify your business

License number – write the license number or other identification number issued to you by the state you are shipping into. Leave the line blank if the state you are shipping into does not issue a specific license.

Step 2: Identify your sales

Type – write the number for each type of tobacco product you are reporting:

Snuff = 1	Cigars = 4
Chew = 2	Roll your own tobacco = 5
Pipe tobacco = 3	Other = 6

UPC – write the UPC for each product brand.

FEIN or License # – write the Federal Employers Identification number (or Federal Identification number FTIN). If the buyer does not have either of these numbers, write the buyer's state tobacco license number. If you are making a delivery sale to a consumer, leave this line blank.

Deliverer name, address and phone – Complete only for delivery sales and provide the information of the person who delivered the smokeless tobacco for you.