

# 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)

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
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 was enacted by Congress and is commonly referred to as the PACT Act. S. 1147 was signed into law on March 31, 2010, as 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 sell, transfer, or ship (for profit) smokeless tobacco or other tobacco products into Illinois to a person other than a distributor licensed or located in Illinois.

### When do I file?

The report is due no later than the 10<sup>th</sup> 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 19477**  
**Springfield IL 62794-9477**

## Step-by-Step Instructions

### Step 1: Identify your business

**License number** – write the license number issued to you by the Department. If you do not have a license number, write your federal employer identification number (FEIN).

### 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 employer 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.