



## State Cigarette PACT Act Report for South Carolina

### Part 1 – Identify Your Business

Name (please type / print)				Reporting Period (mm/yyyy)	State Identification Number
Location Address (number and street)	City	State / Province	Zip Code / Postal Code	Country / Territory	Federal Employer Identification Number (FEIN)
Mailing Address	City	State / Province	Zip Code / Postal Code	Country / Territory	Email Address

### Part 2 – Identify Your Sales

Customer Name*	Address*	Sales Price (\$)**	Brand Family*	Invoice Date	Invoice Number	Total Cigarettes* (no. of sticks)

### Part 3 – Identify Your Delivery Service – Required for Delivery Sellers Only

Delivery Service Name*	Address*	Phone Number*

\*Required by PACT Act / \*\*Delivery Sellers Only

### Part 4 – Sign Below

**DECLARATION:** I declare under penalty of perjury that I have examined this report and all attachments and, to the best of my knowledge and belief, it is true, correct, and complete.

Signature of Responsible Party	Responsible Party's Name (please print)	Title	Phone Number	Date