

Department of the Attorney General – Tobacco Enforcement Unit
PA-1: State CIGARETTE PACT Act Report for HAWAII

Part 1 – Identify Your Business

Name (please 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* (number of sticks)
TOTAL						

Part 3 – Identify Your Delivery Service – Required for Delivery Sellers ONLY

Name of Delivery Service*	Address*	Telephone Number

*Required by PACT Act/**Delivery Sellers Only

Part 4 – Sign Below

DECLARATION: I declare under penalty of law 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	Telephone Number	Date

Department of the Attorney General – Tobacco Enforcement Unit

PA-2: State TOBACCO PACT Act Report for HAWAII

Part 1 – Identify Your Business

Name (please 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*	Type	Brand Family*	Invoice Date	Invoice Number	Quantity	RYO Total Weight*	OTP Total Weight**	Retail Sales Price (\$)**	Manufacturer's/Wholesale List Price**
TOTALS										

Part 3 – Identify Your Delivery Service – Required for Delivery Sellers ONLY

Name of Delivery Service*	Address*	Telephone Number

*Required by PACT Act/**Delivery Sellers Only

Part 4 – Sign Below

DECLARATION: I declare under penalty of law 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	Telephone Number	Date