

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**

Purchaser Name*	Address*	Sales Price (\$)**	Brand Family	Invoice Date	Invoice Number	Total Cigarettes* (number of sticks)
<b>TOTAL</b>						

**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 *OTHER TOBACCO PRODUCT 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**

Purchaser Name*	Address*	Type	Brand Family*	Invoice Date	Invoice Number	Quantity	RYO Total Weight*	OTP Total Weight**	Retail Sales Price (\$)**	Manufacturer's/Wholesale List Price**
<b>Totals</b>										

**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

**PA-3: State ELECTRONIC NICOTINE DELIVERY SYSTEM (ENDS) 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**

Purchaser Name*	Address*	ENDS Type (With Nicotine, No Nicotine, Other)	Invoice Date	Invoice Number	UPC	Quantity	Retail Sales Price (\$)**	Manufacturers/ Wholesale List Price	
<b>Totals</b>									

**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