

# South Dakota Tobacco P.A.C.T. Act Report

## Step 1: Identify your business

Name: \_\_\_\_\_ Reporting period: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Year)

Address: \_\_\_\_\_ License no.: \_\_\_\_\_  
Number and street

\_\_\_\_\_ Federal Employer Identification number: \_\_\_\_ - \_\_\_\_  
City State/Province ZIP (FEIN)

Country/Territory: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Ext: \_\_\_\_\_

Contact name: \_\_\_\_\_ Email address: \_\_\_\_\_

## Step 2: Identify your sales into South Dakota

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Invoice: \_\_\_\_\_ Type: \_\_\_\_ Total weight: \_\_\_\_ Quantity: \_\_\_\_

Brand: \_\_\_\_\_ UPC: \_\_\_\_\_ Wholesale list price: \_\_\_\_\_

Buyer: \_\_\_\_\_ Address: \_\_\_\_\_ License #: \_\_\_\_\_

\_\_\_\_\_ FEIN: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Invoice: \_\_\_\_\_ Type: \_\_\_\_ Total weight: \_\_\_\_ Quantity: \_\_\_\_

Brand: \_\_\_\_\_ UPC: \_\_\_\_\_ Wholesale list price: \_\_\_\_\_

Buyer: \_\_\_\_\_ Address: \_\_\_\_\_ License #: \_\_\_\_\_

\_\_\_\_\_ FEIN: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Invoice: \_\_\_\_\_ Type: \_\_\_\_ Total weight: \_\_\_\_ Quantity: \_\_\_\_

Brand: \_\_\_\_\_ UPC: \_\_\_\_\_ Wholesale list price: \_\_\_\_\_

Buyer: \_\_\_\_\_ Address: \_\_\_\_\_ License #: \_\_\_\_\_

\_\_\_\_\_ FEIN: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Invoice: \_\_\_\_\_ Type: \_\_\_\_ Total weight: \_\_\_\_ Quantity: \_\_\_\_

Brand: \_\_\_\_\_ UPC: \_\_\_\_\_ Wholesale list price: \_\_\_\_\_

Buyer: \_\_\_\_\_ Address: \_\_\_\_\_ License #: \_\_\_\_\_

\_\_\_\_\_ FEIN: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Invoice: \_\_\_\_\_ Type: \_\_\_\_ Total weight: \_\_\_\_ Quantity: \_\_\_\_

Brand: \_\_\_\_\_ UPC: \_\_\_\_\_ Wholesale list price: \_\_\_\_\_

Buyer: \_\_\_\_\_ Address: \_\_\_\_\_ License #: \_\_\_\_\_

\_\_\_\_\_ FEIN: \_\_\_\_\_

## 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)

Title: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ \_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Telephone number (include area code) Date

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

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.

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?

Mail to: Jessica Durkin  
SD Dept. of Revenue and Regulation  
1302 E. Hwy 14, Ste. 1  
Pierre, SD 57501

Or

E-mail to: [DRR.Tobacco@state.sd.us](mailto:DRR.Tobacco@state.sd.us)

## 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 of South Dakota.

### 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.