Use your mouse or Tab key to move through the fields. Use your mouse or space bar to enable check boxes.

Illinois Department of Revenue

RC-10

REV 01 FORM 441

Schedule CD

Out-of-State Cigarette and Little Cigar Sales or Shipments

Sheet no. _____

State into which you shipped cigarettes or little cigars: _____

Tax period: __ __ / __ __ __ __ (Month / Year)

Name: _____

FEIN: __ __ - __ __ __ __ __ __ __

DBA: _____

SSN: __ __ __ - __ __ - __ __ __ __

Street address: _____

Illinois Cigarette Distributor License no.: __ __-__ __ __ __ __

City, State, ZIP: _____

Account ID: __ __ __ __ __ __ __ __

1 Shipping date	2 How shipped	3 Invoice number	4 FEIN	5 Name and address of person to whom cigarettes or little cigars were shipped or sold	6 # of packs (20's)	7 # of packs (25's)	8 Other (No. of sticks)	9 Total number of sticks	10 Tax paid (yes/no)
__/__/__									
__/__/__									
__/__/__									
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__/__/__									
__/__/__									

Subtotal: This page only _____

Grand total _____

Reset Print

RC-10 (R-07/13) Schedule CD

This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.