

TP-13 Other Deductions for Tobacco Products

Read this information first

Do not write above this line.

Attach this schedule to Form TP-1, Tobacco Products Tax Return, when you claim a deduction on Form TP-1, Line 14, for a reason other than products sold and shipped in interstate commerce, sales to other distributors, or returned merchandise. Complete this form with a brief description of the deduction (*i.e.* cost of tobacco products sold to a U.S. government agency). Samples are not allowable deductions.

If you need to identify more than 14 invoices, additional Forms TP-13 must be completed. You can use our **WebFile** program to file your return electronically at **tax.illinois.gov**. We will accept a computer-generated schedule as long as we approve its format and content prior to use. To obtain approval, please send a copy of your format to: Office of Publications Management, Illinois Department of Revenue, 101 West Jefferson Street, MC 3-375, Springfield, Illinois 62702.

Step 1: Identify your business				
1 Business name	3 Account ID:			
2 Address: Number and street	4 License no. TP			
City State ZIP	5 For what month are you filing this schedule?/			
Step 2: Complete the following to support	t vour other deductions			
Reason for deduction	Reference or Date Wholesale price* invoice number			
1				
2				
3				
4				
5				
	Complete back page if more lines are needed in Step 2.			
Step 3: Figure your total				

Add the wholesale price of all your tobacco products' other deductions from all Forms TP-13
you are filing for the month listed in Step 1. Transfer this grand total amount to Form TP-1, Step 2, Line 14.

The wholesale price is the established list price for which a manufacturer sells tobacco products to a distributor. In the absence of an established list price, the manufacturer's invoice price at which he or she sells the tobacco products to an unaffiliated distributor will be used as the wholesale price. The wholesale price is the price established before any discount, trade allowance, rebate, or other reduction.



Step 2: Complete the following to support your other deductions (Cont.)

	Reason for deduction	Reference or invoice number		Wholesale price*
6			Month Day Year	\$
7		<u> </u>	Month Day Year	\$
8			// Month Day Year	\$
9		<u></u>	// Month Day Year	\$
10			// Month Day Year	\$
11			Month Day Year	\$
12			Month Day Year	\$
13			Month Day Year	\$
14			Month Day Year	\$

