

Read this information first

Do not write above this line.

Attach this schedule to Form TP-1, Tobacco Tax Return, when you claim a deduction on Form TP-1, Line 23, for moist snuff returned to you by your customers on which you have already paid tax. Do not complete this schedule for returned moist snuff on which you did not pay tax. If you need to identify more than 14 invoices, additional Forms TP-16 must be completed.

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	-		2	Account ID:	Account ID.			
1 Business name					3 Account ID:			
2 Address:					License no. TP			
Number and street				_				
City	State	ZIP		5	For what month are y	ou filing this sch	edule?/ Month Year	
Stop 2: Comple	to the follow	ing infor	matic	n i	for roturned m	oict couff		
Step 2: Comple Customer name, add		ing inior	mauc	וווע	Reference or	Date	Number of ounces	
ouotomor namo, aud					invoice number	Date	returned	
1						/ /		
Name						Month Day Year		
								
Street address	City	State	ZIP					
FEIN:								
						//		
Name						Month Day Year		
Street address	City	State	ZIP					
FEIN:								
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Name						Month Day Year		
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Name						Month Day Year		
Street address	City	State	ZIP					
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						, ,		
Name						Month Day Year		
Street address	City	State	ZIP			•	te back page if more	
FEIN:						lines are	e needed in Step 2.	
Step 3: Figure yo	our total							
Add the ounces of moist		-	-	r the	month listed in Step 1			
Transfer this grand total	amount to Form TP-1	1, Step 3, Line	23.					



Step 2: Complete the following information on returned moist snuff (Cont.)

	Customer name, address,	, and FEIN			Reference or invoice number	Date	Number of ounces returned
6						/ /	/
	Name					// Month Day	Year
	Street address	City	State	ZIP			
	FEIN:		_				
7						//	/
	Name					Month Day	Year
	Street address	City	State	ZIP			
	FEIN:		-				
_							
8	Name					// Month Day	/
	Name					Wiorian Day	Teal
	Street address	City	State	ZIP			
	FEIN:	·					
	- LIN		-				
9						/	/
•	Name					Month Day	Year
	Street address	City	State	ZIP			
	FEIN:		-				
10)					//	<u> </u>
	Name					Month Day	Year
	Street address	City	State	ZIP			
				ZIF			
	FEIN:		-				
44	1					,	
	Name					// Month Day	/ Year
	Street address	City	State	ZIP			
	FEIN:		_				
12	2					//	<u> </u>
	Name					Month Day	Year
	Street address	City	State	ZIP			
		•		ZIP			
	FEIN:		-				
4.						,	,
I	Name					// Month Day	/ Year
						,	
	Street address	City	State	ZIP			
	FEIN:		_				
14	1					//	/
	Name					Month Day	Year
							
	Street address	City	State	ZIP			
	FEIN:						

