

Due Date: On or before the 10th day of the month following the month for which the report is made.

▲ Return for the Month of _____ Year _____

For Office Use Only

▲ Permit Number: _____

▲ Postmark Date: _____

Business Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Cigarette reports and all supporting documentation are required to be maintained for five years. Only approved brands of cigarettes may be sold in Iowa. Any product not on the list is contraband. Go to the Department's website under the cigarette and tobacco tax section for additional information. Civil penalty starts at \$200.00 for late filed, incomplete, or false reports.

Section I. Stamps Purchased During the Month

Date	Quantity of Stamps for Packs of 20's	Quantity of Stamps for Packs of 25's

Totals _____

Section II. Stamp Summary

	Quantity 20's	Quantity 25's
1. Beginning inventory (prior months ending inventory).		
1a. Unaffixed stamps	1a. _____▲	1a. _____▲
1b. Affixed stamps	1b. _____▲	1b. _____▲
1c. Subtotal. Add a and b.....	1c. _____	1c. _____
2. Iowa purchases. Use totals from Section I.....	2. _____▲	2. _____▲
3. Subtotal. Add lines 1c and 2	3. _____	3. _____
4. Ending inventory (current month's stamps).		
4a. Unaffixed stamps	4a. _____▲	4a. _____▲
4b. Affixed stamps	4b. _____▲	4b. _____▲
4c. Subtotal. Add a and b.....	4c. _____	4c. _____
5. Balance. Subtract line 4c from line 3.....	5. _____	5. _____
6. Summary of Iowa sales from Schedule A on page 2. The amount on line 5 should equal the amount on line 6.....	6. _____▲	6. _____▲
7. Stamped cigarettes returned to manufacturer.....	7. _____▲	7. _____▲
8. Damaged stamps.....	8. _____	8. _____

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this report, and, to the best of my knowledge and belief, it is true, correct, and complete.

Authorized Signature: _____ Date: _____

Title of Officer: _____ Telephone Number: _____

