

Permit Number: _____ Federal Employer Identification Number: _____

Permit Holder Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

The above permit holder hereby claims a refund of Iowa cigarette tax in accordance with Chapter 453A, Iowa Code, for unsalable cigarettes and/or little cigars that were returned to the manufacturer after Iowa tax stamps were affixed.

The following information is submitted in support of this claim and a manufacturer's affidavit is attached.

A Manufacturer	B Date	C Invoice Number	D Number Packs 20's	E Tax Rate	F Gross Tax Paid (D x E)	G Number Packs 25's	H Tax Rate	I Gross Tax Paid (G x H)	J Total Gross Tax Paid (F + I)
				\$1.36			\$1.70		\$
				\$1.36			\$1.70		\$
				\$1.36			\$1.70		\$
				\$1.36			\$1.70		\$
				\$1.36			\$1.70		\$
				\$1.36			\$1.70		\$

Subtotal: \$ _____

Less 2% discount: \$ _____

Total refund claim: \$ _____

The undersigned states, under penalty of perjury, that all the information contained on this form is true and accurate.

Signature: _____ Title: _____

Submit this form to:

Mailing Address:
Iowa Department of Revenue
Tax Management Division
Compliance Services
PO Box 10472
Des Moines IA 50306-0472

OR
Delivery Address:
Iowa Department of Revenue
Hoover Bldg., Cigarette Tax
1305 E Walnut St.
Des Moines IA 50319

For Office Use Only

Denied: _____
Refund: _____
Approved: _____
Date: _____

Questions: Call 515-281-6134 or email IDRCigarette@iowa.gov.