Iowa In-State Distributors Schedule C  
Reporting of Out-of-State Sales of Cigarettes  
tax.iowa.gov

Permit number: _____________________________  Federal identification number: ______________________  
Business name: _____________________________  Doing business as: ______________________________  
Address: _________________________________________________________________________________  
City: ______________________________________  State: ________________  ZIP: ____________________  
State cigarettes transferred into ________________  Month: _______________  Year: ___________________  

Complete a separate schedule for each state where cigarettes were sold. Abbreviations for method of shipment include: DT, Distributor Truck; CC, Common Carrier; PP, Parcel Post; CT, Customer Truck.  

If necessary please make additional copies.  

<table>
<thead>
<tr>
<th>Shipment or transfer date</th>
<th>Method of shipment</th>
<th>Invoice number</th>
<th>Sold to - Name, Address, and City</th>
<th># Packs (20’s)</th>
<th>Little Cigars</th>
<th>Tax paid (Yes/No)</th>
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Subtotals for This Page .......................  _____   _______  

Grand Total ... ________________

Attach to Form 70-017 Iowa Cigarette Tax Report for In-State Distributors.  

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

**OR**  

**Delivery Address:**  
Iowa Department of Revenue  
Hoover State Office Bldg.  
1305 E Walnut  
Des Moines IA 50319  

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