Iowa Cigarette Tax Report

In-State Distributors



tax.iowa.gov

| ▲Return for the month of: | Year: | | For office use only | | | |
|--|------------------------------|---|---------------------------|--------------------------------------|--|--|
| ▲Permit number: | | ▲Postmark date | | | | |
| Business name: | | | | | | |
| Address: | | | | | | |
| City: | | | ZIP: | | | |
| Section I. Iowa Stamps pu | rchased during th | ne month | | | | |
| Date Quantity of sta | | amps for packs of 20's | Quantity of stamps for | Quantity of stamps for packs of 25's | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| Totals | | | | | | |
| Section II. Cigarette packs | summary | | | | | |
| | | Quantity of packs of 20's and Little Cigars | Quantity of packs of 25's | Total | | |
| 1. Beginning inventory (price | or month's | 20 S and Little Cigars | 235 | | | |
| unstamped packs) | A | | | | | |
| 2. Purchases made this mo | onth 🛕 | | | | | |
| 3. Subtotal: Add lines 1 and | 12 | | | | | |
| 1 Ending inventory this me | onth (unstamped | | | | | |
| o , | | | | | | |
| packs) | from line 2 | | | | | |
| packs) 5. Subtotal. Subtract line 4 | | | | | | |
| packs) | | | | | | |
| packs) 5. Subtotal. Subtract line 4 | tate this month | | | | | |
| packs) 5. Subtotal. Subtract line 4 6. Little cigars sold out of s | tate this month from line 5 | | | | | |

Due date: Submit this report on or before the 10th day of the month following the month for which the report is

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| Return for month of: | Year: | | Name: | | | |
|---|--------------|--------------|-----------------------------------|-----------------------------------|--------------------------|-------------------------|
| Section III. Stamps summary | | | | | | |
| | lowa 20's | lowa 25's | Total out-of- state 20's | Total out-of- state 25's | Totals stamps 20's | Total stamps 25's |
| Beginning inventory (prior month's ending inventory of unaffixed stamps) | | | | | | |
| 2. Stamp purchases this month | | | | | | |
| 3. Subtotal. Add lines 1 and 2 | | | | | | |
| 4. Ending inventory (this month's unaffixed stamps) ▲ | | | | | | |
| 5. Balance: (revenue stamps used this month). Subtract line 4 from line 3 | | | | | | |

Out-of-state stamps only
Each state should be listed separately and entered in Section III under the columns "Total out-of-state" for 20's and 25's. If necessary make additional copies for each state.

| | Total 20's | Total 25's |
|--|---------------|---------------|
| 1. Enter state: | | |
| Beginning inventory (prior month's ending inventory of unaffixed stamps) | | |
| 3. Stamp purchases this month | | |
| 4. Subtotal. Add lines 2 and 3 | | |
| 5. Ending inventory (this month's unaffixed stamps) | | |
| 6. Balance: (revenue stamps used this month). Subtract: line 5 from line 4 | | |

| | 20's | 25's |
|---|------|------|
| 1. Enter state: | | |
| Beginning inventory (prior month's ending inventory of unaffixed stamps) | | |
| 3. Stamp purchases this month | | |
| 4. Subtotal. Add lines 2 and 3 | | |
| 5. Ending inventory (this month's unaffixed stamps) | | |
| 6. Balance: (revenue stamps used this month). Subtract line 5 from line 4 | | |

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| Return for month of: | | Year: | | _ Name: | Name: | | | |
|-----------------------------|--|--|----------------------------------|----------------------------|----------------------|-------------------------|--|---|
| Section I of this pa | | tor's record | of cigarettes | s received | I. If you ne | ed additiona | al space, ma | ke additional copie |
| Manufact | urer: | | | _ | Manufac | turer: | | |
| Date | Invoice number | Packs of 20's and Little Cigars | Packs of 25's | | Date | Invoice number | Packs of 20's and Little Cigars | Packs of 25's |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Totals | | · | | | Totals | | · | |
| brands of website (| f cigarettes tax.iowa.gov | may be sold | l in Iowa. Any | / product r tobacco tax | not on the | list is contra | aband. Go to | ars. Only approved o the Department's Civil penalties start |
| | • | | penalties of poelief, it is true | | | | nave examin | ed this report, and, |
| Authorize | d Signature: | : | | | Da | ate: | | |
| | | | Phone: | | | | | |
| Mailino Cigare | his form to: g Address: tte/Tobacco anagement I | | | | , | Address: partment of | Revenue | |
| lowa D PO Bo | Department of x 10472 oines IA 503 | of Revenue | | | Hoover E 1305 E V | Building, Cig | garette Tax | |

Questions: Contact us by telephone at: 515-281-6134 or by email at: IDRCigarette@iowa.gov