

Return for month of: _____ Year: _____ Name: _____

List snuff products sold out-of-state. Include all information required in the table for snuff products sold out-of-state. If more space is needed, include additional copies of Schedule C2.

Credit for snuff products sold out-of-state

Invoice number	Invoice date	Sold to: Name, City, and State	Brand name	Quantity	Weight of each (in ounces)	Total weight (quantity x ounces)

Total weight for snuff products sold out-of-state (enter this total on line 9 of Form 70-022)..... _____

Iowa Tobacco Products In-State Distributors Schedule C2, page 2

Return for month of: _____ Year: _____ Name: _____

List snuff products returned to manufacturer. Include all information required in the table for snuff products returned to manufacturer. If more space is needed, include additional copies of Schedule C2.

Credit for snuff products returned to manufacturer (include credit invoices)

Invoice number	Invoice date	Manufacturer's name	Brand name	Quantity	Weight of each (in ounces)	Total weight (quantity x ounces)

Total weight for snuff products returned to manufacturer (enter this total on line 10 of Form 70-022)..... _____

Include with Iowa Tobacco Products Monthly Tax Return for In-State Distributors, Form 70-022