

Iowa Vending Machine Schedule P4 Purchases of RYO and Pipe Tobacco Products

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Return for mor	nth of:	Year:	Name:				
	•	ur own (RYO) product pu rate entry for each brand			-	-	
Invoice number	I INVOICE date I Seller.		y, and State	Brand name(s)	Quantity	Weight of each (in ounces)	Total weight (quantity x weight)
Total weight o	of pipe tobacco	and RYO product purch	nases in ounces (e	nter this total on line 1	of Form 70-	099)	

Include with Iowa Vending Machine Monthly Tax Return, Form 70-099