Iowa Department of REVENUE

Iowa In-State Distributors Schedule C

Reporting of Out-of-State Sales of Cigarettes

https://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. Indicate shipments of "Little Cigars" separate from shipments of cigarettes. Abbreviations for method of shipment include: DT, Distributor Truck; CC, Common Carrier; PP, Parcel Post; CT, Customer Truck.

This report is to be made in duplicate.

Shipment or Transfer Date	Method of Shipment	Invoice Number	To Whom Sold - Complete Name, Address, and City	# Packs (20's)	# Packs (25's)	Tax Paid (Yes/No)

Subtotal 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