



Iowa Cigarette Refund Affidavit
 for Cigarettes Returned to Manufacturers

Permit Number _____ FEIN _____

Permit Holder Name _____

Mailing Address _____

City _____ State _____ ZIP _____

The above permit holder hereby claims a refund of Iowa cigarette tax in accordance with chapter 453A, Iowa Code, for unsalable cigarettes and/or little cigars that were returned to the manufacturer after Iowa tax stamp was affixed.

The following information is submitted in support of this claim and a manufacturer's verification is attached.

A Manufacturer	B Date	C Invoice Number	D No. Packs 20s	E Tax Rate	F Gross Tax Paid (D x E)	G No. Packs 25s	H Tax Rate	I Gross Tax Paid (G x H)	J Total Gross Tax Paid (F + I)
				\$1.36			\$1.70		\$
				\$1.36			\$1.70		\$
				\$1.36			\$1.70		\$
				\$1.36			\$1.70		\$
				\$1.36			\$1.70		\$
				\$1.36			\$1.70		\$
				\$1.36			\$1.70		\$
				\$1.36			\$1.70		\$

Subtotal: \$ _____

Less 2% discount: \$ _____

Total refund claim: \$ _____

The undersigned states, under penalty of perjury, that all the information contained on this form is true and accurate.

Signature and title _____

Subscribed and sworn to before me this _____ day of _____, _____

Notary public _____

Submit this form to:

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

OR
 Delivery Address:
 Iowa Department of Revenue
 Hoover Bldg., Cigarette Tax
 1305 E Walnut St.
 Des Moines IA 50319