**Illinois Department of Revenue** 

**FP-18** E-cigarette Products Sold in Interstate Commerce

## Read this information first

Attach this schedule to Form TP-1, Tobacco Products Tax Return, when you claim a deduction on Form TP-1, Line 31, for merchandise sold and shipped outside of Illinois. If you had more than 13 invoices for e-cigarette products you sold or shipped in interstate commerce during the month for which you are filing, additional Forms TP-18 must be completed. You can file your return electronically at mytax.illinois.gov.

S	tep 1: Ide	ntify your business							
1 Business name						Account ID:			
2 Address: Number and street					4	4 License no. TP –			
	City	State	ZIP		5	For what month are y	ou filing this sch	nedule?/ Month Year	
S		nplete the following me, address, and FEIN	for e-cigare	ette pro	odı	ucts sold and sh Reference or invoice number		terstate commerce Wholesale price*	
1	Name						// Month Day Year	\$	
	Street address	City	State	ZIP					
2	Name						// Month Day Year	\$	
	Street address FEIN:	City	State	ZIP					
3	Name						// Month Day Year	\$	
	Street address	City	State	ZIP					
4	Name						// Month Day Year	\$	
	Street address FEIN:	City	State	ZIP					
5	Name						// Month Day Year	\$	
	Street address FEIN:	City	State	ZIP			•	ete back page if more re needed in Step 2.	

## Step 3: Figure your total

Add the wholesale price of e-cigarette products sold and shipped in interstate commerce from all Forms TP-18 you are filing for the month listed in Step 1. Transfer this grand total amount to Form TP-1, Step 4, Line 31. \$

\* The wholesale price is the established list price for which a manufacturer sells e-cigarette products to a distributor. In the absence of an established list price, the manufacturer's invoice price at which he or she sells the e-cigarette products to an unaffiliated distributor will be used as the wholesale price. The wholesale price is the price established before any discount, trade allowance, rebate, or other reduction.

Do not write above this line.



## Step 2: Complete the following for e-cigarette products sold and shipped in interstate commerce (Cont.)

	Customer name, address, a	nd FEIN			Reference or invoice number	Date	Wholesale price*
6						// Month Day Year	\$
	Name					Month Day Year	
	Street address	City	State	ZIP			
	FEIN:						
_						, ,	•
7	Name					// Month Day Year	\$
	Street address	City	State	ZIP			
	FEIN:						
8						//	\$
	Name					// Month Day Year	
	Street address	City	State	ZIP			
	FEIN:						
9	Name					// Month Day Year	\$
						,	
	Street address	City	State	ZIP			
	FEIN:						
10	)					/ /	\$
	Name					Month Day Year	*
	Street address	City	State	ZIP			
	FEIN:	•					
11	Name					// Month Day Year	\$
	Name					Month Day Tear	
	Street address	City	State	ZIP			
	FEIN:						
12	2					1 1	\$
12	Name					Month Day Year	Ψ
	Street address	City	State	ZIP			
	FEIN:		Giale	<b>2</b> 11			
	·						
13	3					//	\$
	Name					Month Day Year	
	Street address	City	State	ZIP			
	FEIN:						