



# Illinois Department of Revenue

## TP-14 Moist Snuff Sold and Shipped in Interstate Commerce

Do not write above this line.

### 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 21, for moist snuff sold and shipped outside of Illinois. If you need to identify more than 14 invoices, additional Forms TP-14 must be completed. We will accept a computer-generated schedule as long as we approve its format and content prior to use. To obtain approval, please send a copy of your format to: Office of Publications Management, Illinois Department of Revenue, 101 West Jefferson Street, MC 3-375, Springfield, Illinois 62702.

### Step 1: Identify your business

1 Business name \_\_\_\_\_ 3 Account ID: \_\_\_\_\_

2 Address: \_\_\_\_\_ 4 License no. TP - \_\_\_\_\_  
Number and street

\_\_\_\_\_ 5 For what month are you filing this schedule? \_\_\_\_\_ / \_\_\_\_\_  
City State ZIP Month Year

### Step 2: Complete the following information for moist snuff sold or shipped in interstate commerce

Customer name, address, and FEIN	Reference or invoice number	Date	Number of ounces
1 _____ <small>Name</small> _____ <small>Street address City State ZIP</small> FEIN: _____ - _____	_____	____/____/____ <small>Month Day Year</small>	_____
2 _____ <small>Name</small> _____ <small>Street address City State ZIP</small> FEIN: _____ - _____	_____	____/____/____ <small>Month Day Year</small>	_____
3 _____ <small>Name</small> _____ <small>Street address City State ZIP</small> FEIN: _____ - _____	_____	____/____/____ <small>Month Day Year</small>	_____
4 _____ <small>Name</small> _____ <small>Street address City State ZIP</small> FEIN: _____ - _____	_____	____/____/____ <small>Month Day Year</small>	_____
5 _____ <small>Name</small> _____ <small>Street address City State ZIP</small> FEIN: _____ - _____	_____	____/____/____ <small>Month Day Year</small>	_____

**Complete back page if more lines are needed in Step 2.**

### Step 3: Figure your total

Add the ounces of moist snuff from all Forms TP-14 you are filing for the month listed in Step 1. Transfer this grand total amount to Form TP-1, Step 3, Line 21. \_\_\_\_\_



## Step 2: Complete the following for moist snuff sold or shipped in interstate commerce (Cont.)

Customer name, address, and FEIN	Reference or invoice number	Date	Number of ounces
<b>6</b> _____ Name _____ Street address City State ZIP FEIN: _____ - _____	_____	____/____/____ Month Day Year	_____
<b>7</b> _____ Name _____ Street address City State ZIP FEIN: _____ - _____	_____	____/____/____ Month Day Year	_____
<b>8</b> _____ Name _____ Street address City State ZIP FEIN: _____ - _____	_____	____/____/____ Month Day Year	_____
<b>9</b> _____ Name _____ Street address City State ZIP FEIN: _____ - _____	_____	____/____/____ Month Day Year	_____
<b>10</b> _____ Name _____ Street address City State ZIP FEIN: _____ - _____	_____	____/____/____ Month Day Year	_____
<b>11</b> _____ Name _____ Street address City State ZIP FEIN: _____ - _____	_____	____/____/____ Month Day Year	_____
<b>12</b> _____ Name _____ Street address City State ZIP FEIN: _____ - _____	_____	____/____/____ Month Day Year	_____
<b>13</b> _____ Name _____ Street address City State ZIP FEIN: _____ - _____	_____	____/____/____ Month Day Year	_____
<b>14</b> _____ Name _____ Street address City State ZIP FEIN: _____ - _____	_____	____/____/____ Month Day Year	_____

