



RC- 14

Schedule CL

Shipments of Stamped Cigarettes into Illinois

Sheet no. _____

Read this information first

- After you have completed this schedule, make a photocopy and retain the copy for your records; and
- Attach the completed original schedule to either Form RC-6-A, Out-of-State Cigarette Revenue Return, or Form RC-6-A-X, Amended Out-of-State Cigarette Revenue Return.
- For additional instructions, see the back of Form RC-6-A or Form RC-6-A-X.

Step 1: Identify your business

Name: _____ Account ID: _____

Address: _____ License no.: **U** - _____

Number and street

City _____ State _____ ZIP _____ Tax period: _____ / _____

Month Year

Step 2: Identify your shipments

Invoice date and number	Common carrier name	FEIN of whom you shipped to	Name and address of whom you shipped to	Number of cigarettes
____/____/____	_____	_____	_____	____,____,____
____/____/____	_____	_____	_____	____,____,____
____/____/____	_____	_____	_____	____,____,____
____/____/____	_____	_____	_____	____,____,____
____/____/____	_____	_____	_____	____,____,____
____/____/____	_____	_____	_____	____,____,____
____/____/____	_____	_____	_____	____,____,____
____/____/____	_____	_____	_____	____,____,____
____/____/____	_____	_____	_____	____,____,____
____/____/____	_____	_____	_____	____,____,____



Page total _____

Grand total _____