Use your 'Mouse' or the 'Tab' key to move through the fields, use your 'Mouse' or 'Space Bar' to enable the "Check Boxes".

Illinois Department of Revenue

RC-36 Schedule CM

Sales of Cigarettes into Illinois by Manufacturers or Importers

Read this information first

Sheet no. _____

As a cigarette manufacturer or importer, you must file this report with the Illinois Department of Revenue on or before the 5th day of the month following the month of the transaction.

Step 1: Identify your business

Name: _____

Address: _____
Number and street

_____
City State/Province ZIP

Country/Territory:_____

Phone: (_____)_____- _____ Ext:_____

Account ID: ___ ___ ___ ___ ___ ___ ___ ___

License no.: **CM -** ___ ___ ___ ___ ___

Federal Employer Identification number:____-_____
(FEIN)

Tax period: __ __/__ __ __ __ (Month/Year)

Step 2: Identify your sales into Illinois

Date	Invoice no.	FEIN of whom you sold cigarettes to	Name and address of whom you sold cigarettes to	Number of cigarettes
_ _/_ _/_ _ _ _				___,___,___,___
_ _/_ _/_ _ _ _				___,___,___,___
_ _/_ _/_ _ _ _				___,___,___,___
_ _/_ _/_ _ _ _				___,___,___,___
_ _/_ _/_ _ _ _				___,___,___,___
_ _/_ _/_ _ _ _				___,___,___,___
_ _/_ _/_ _ _ _				___,___,___,___
_ _/_ _/_ _ _ _				___,___,___,___
_ _/_ _/_ _ _ _				___,___,___,___
_ _/_ _/_ _ _ _				___,___,___,___
_ _/_ _/_ _ _ _				___,___,___,___
_ _/_ _/_ _ _ _				___,___,___,___
			Page total	___,___,___,___
			Grand total	___,___,___,___

Reset Print

Step 3: Mail your completed Schedule CM or WebFile at tax.illinois.gov

ALCOHOL, TOBACCO AND FUEL DIVISION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19477
SPRINGFIELD IL 62794-9477

If you have questions, write to us at the address above or call us weekdays between 8:00 a.m. to 4:30 p.m. at **217 782-6045**.

This form is authorized as outlined by the Illinois Cigarette Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-4228