



Cigarettes Purchased with Illinois Cigarette Revenue Stamps Affixed to Original Packages

Read this information first

Sheet no. _____

- 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, Cigarette Revenue Return, Form RC-6-A, Out-of-State Cigarette Revenue Return, Form RC-6-X, Amended 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, Form RC-6-X, Form RC-6-A, or Form RC-6-A-X.

Step 1: Identify your business

Name: _____ Account ID: _____

Address: _____ License no.: _____ - _____

Number and street

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

Month

Year

Step 2: Identify the cigarettes you purchased with Illinois stamps affixed or purchased as returned merchandise from retailers

Table with 5 columns: Date, Invoice no., FEIN of whom you purchased from, Name and address of whom you purchased from, Number of cigarettes. Multiple rows for data entry.

Page total _____

Grand total _____

