



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

<p>1 Business name _____</p> <p>2 Address: _____ <small>Number and street</small></p> <p>_____</p> <p style="text-align: center;"><small>City State ZIP</small></p>	<p>3 Account ID: _____</p> <p>4 License no. TP – _____</p> <p>5 For what month are you filing this schedule? _____ / _____ <small>Month Year</small></p>
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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
<p>1 _____ <small>Name</small></p> <p>_____</p> <p style="text-align: center;"><small>Street address City State ZIP</small></p> <p>FEIN: _____ - _____</p>	<p>_____</p>	<p>_____/_____/_____ <small>Month Day Year</small></p>	<p>_____</p>
<p>2 _____ <small>Name</small></p> <p>_____</p> <p style="text-align: center;"><small>Street address City State ZIP</small></p> <p>FEIN: _____ - _____</p>	<p>_____</p>	<p>_____/_____/_____ <small>Month Day Year</small></p>	<p>_____</p>
<p>3 _____ <small>Name</small></p> <p>_____</p> <p style="text-align: center;"><small>Street address City State ZIP</small></p> <p>FEIN: _____ - _____</p>	<p>_____</p>	<p>_____/_____/_____ <small>Month Day Year</small></p>	<p>_____</p>
<p>4 _____ <small>Name</small></p> <p>_____</p> <p style="text-align: center;"><small>Street address City State ZIP</small></p> <p>FEIN: _____ - _____</p>	<p>_____</p>	<p>_____/_____/_____ <small>Month Day Year</small></p>	<p>_____</p>
<p>5 _____ <small>Name</small></p> <p>_____</p> <p style="text-align: center;"><small>Street address City State ZIP</small></p> <p>FEIN: _____ - _____</p>	<p>_____</p>	<p>_____/_____/_____ <small>Month Day Year</small></p>	<p>_____</p>

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. _____



