



# TP-17 Other Deductions for Moist Snuff

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 24, for a reason other than moist snuff sold and shipped in interstate commerce, sales to other distributors, or returned merchandise. Complete this form with a brief description of the deduction (*i.e.* weight-based tobacco products sold to a U.S. government agency). Samples are not allowable deductions.

If you need to identify more than 14 invoices, additional Forms TP-17 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 to support your other deductions

Reason for deduction	Reference or invoice number	Date	Number of ounces
1 _____ _____ _____	_____	____/____/____ <small>Month Day Year</small>	_____
2 _____ _____ _____	_____	____/____/____ <small>Month Day Year</small>	_____
3 _____ _____ _____	_____	____/____/____ <small>Month Day Year</small>	_____
4 _____ _____ _____	_____	____/____/____ <small>Month Day Year</small>	_____
5 _____ _____ _____	_____	____/____/____ <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-17 you are filing for the month listed in Step 1. Transfer this grand total amount to Form TP-1, Step 3, Line 24. \_\_\_\_\_



## Step 2: Complete the following to support your other deductions (Cont.)

Reason for deduction	Reference or invoice number	Date	Number of ounces
6 _____ _____ _____	_____	____/____/____ Month Day Year	_____
7 _____ _____ _____	_____	____/____/____ Month Day Year	_____
8 _____ _____ _____	_____	____/____/____ Month Day Year	_____
9 _____ _____ _____	_____	____/____/____ Month Day Year	_____
10 _____ _____ _____	_____	____/____/____ Month Day Year	_____
11 _____ _____ _____	_____	____/____/____ Month Day Year	_____
12 _____ _____ _____	_____	____/____/____ Month Day Year	_____
13 _____ _____ _____	_____	____/____/____ Month Day Year	_____
14 _____ _____ _____	_____	____/____/____ Month Day Year	_____

