



Illinois Department of Revenue

TP-15 Moist Snuff Sold to Other Distributors/Wholesalers**Read this information first**

Do not write above this line.

Attach this schedule to Form TP-1, Tobacco Tax Return, when you claim a deduction on Form TP-1, Line 22, for moist snuff sold to other distributors/wholesalers. If you need to identify more than 14 invoices, additional Forms TP-15 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: _____
Number and street
- City _____ State _____ ZIP _____
- 4** License no. TP – _____
- 5** For what month are you filing this schedule? _____ / _____
Month Year

Step 2: Complete the following information for sales to other distributors/wholesalers

Customer name, address, and FEIN	Reference or invoice number	Date	Number of ounces
1 _____ Name Street address _____ City _____ State _____ ZIP _____ FEIN: _____ - _____	_____	_____/_____/_____ Month Day Year	_____
2 _____ Name Street address _____ City _____ State _____ ZIP _____ FEIN: _____ - _____	_____	_____/_____/_____ Month Day Year	_____
3 _____ Name Street address _____ City _____ State _____ ZIP _____ FEIN: _____ - _____	_____	_____/_____/_____ Month Day Year	_____
4 _____ Name Street address _____ City _____ State _____ ZIP _____ FEIN: _____ - _____	_____	_____/_____/_____ Month Day Year	_____
5 _____ Name Street address _____ City _____ State _____ ZIP _____ FEIN: _____ - _____	_____	_____/_____/_____ Month Day Year	_____

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-15 you are filing for the month listed in Step 1.
Transfer this grand total amount to Form TP-1, Step 3, Line 22.



Step 2: Information for sales to other distributors/wholesalers (Cont.)

	Customer name, address, and FEIN	Reference or invoice number	Date	Number of ounces
6	Name Street addressCityStateZIP FEIN: -		MonthDayYear	
7	Name Street addressCityStateZIP FEIN: -		MonthDayYear	
8	Name Street addressCityStateZIP FEIN: -		MonthDayYear	
9	Name Street addressCityStateZIP FEIN: -		MonthDayYear	
10	Name Street addressCityStateZIP FEIN: -		MonthDayYear	
11	Name Street addressCityStateZIP FEIN: -		MonthDayYear	
12	Name Street addressCityStateZIP FEIN: -		MonthDayYear	
13	Name Street addressCityStateZIP FEIN: -		MonthDayYear	
14	Name Street addressCityStateZIP FEIN: -		MonthDayYear	

