



RC-1-A Cigarette Tax Stamp Order-Invoice

Station nos.: 915 and 918

Read this information first

- Use MyTax Illinois to complete your order electronically at mytax.illinois.gov.
- Payment must be made electronically. You are required to maintain bank account information with the department that we will use to initiate and obtain payment for your cigarette tax stamps.
- The Illinois Department of Revenue is not responsible for stamps lost in transit.
- Orders for pick-up will be filled at our Springfield location:

101 W JEFFERSON ST
 PO BOX 19018
 SPRINGFIELD IL 62794-9018

- If you need assistance, call our Springfield office at **217 785-6613** or **217 524-5409**.

Step 1: Provide your information

Name: _____

Account ID: _____

Street address: _____

License number: _____

 City State ZIP

Step 2: Tell us your order by multiplying the number of stamps you need by the stamp price

20 cigarettes per package - Order **machine** stamps in rolls (30,000 per roll)

1 Number of rolls _____ X **30,000** = Number of stamps _____ X **<2.98>** = **1** _____

25 cigarettes per package - Order **machine** stamps in rolls (4,800 stamps per roll)

2 Number of rolls _____ X **4,800** = Number of stamps _____ X **<3.725>** = **2** _____

Step 3: Figure the amount due

3 **Add Lines 1 and 2** - Total amount due for stamps. **3** _____

4 Write the amount of credit you wish to apply. **4** _____

5 **Subtract Line 4 from Line 3.** **5** _____

6 Total purchases from Line 7 of your last order invoice that represents accumulated stamp purchases from July 1. **6** _____

7 **Add Lines 5 and 6** - Total year-to-date purchase. **7** _____

Use the worksheet on the back of this form to figure your discount

8 Discount amount (from the worksheet) **8** _____

9 **Subtract Line 8 from Line 5 - We will initiate and obtain an electronic payment for this amount.** **9** _____

DO NOT make a payment when you file this form.

Step 4: Sign below

I hereby authorize the Illinois Department of Revenue to electronically initiate a funds transfer as payment for purchase of cigarette tax stamps against the bank account that was designated by the business listed above. I certify that I have the authority to authorize this transfer.

Signature of person authorizing electronic funds transfer

Title

Printed name of person authorizing the electronic funds transfer

____/____/_____
Date

Official Use

Picked up by: _____ Carrier _____ Agent

Do not write below this line

Shipped by: _____ Express _____ Registered _____ Insured

Checked by: _____



Discount Worksheet

Use this worksheet to figure the amount of discount to report on Line 8 of Form RC-1-A, Cigarette Tax Stamp Order-Invoice.

- a **Amount from Line 5** - Total amount due for stamps minus any credit applied. a _____
- b **Amount from Line 6** - Total purchases from Line 7 of your last order invoice that represents accumulated stamp purchases from July 1. b _____
- c **Amount from Line 7** - Total year-to-date purchase. c _____

- d If the amount on Line c is \$3,000,000 or less, **multiply Line a by 1.75% (.0175)**.
Stop here and write this amount on Line 8 of the order-invoice. d _____
- e If the amount on Line b is more than \$3,000,000, **multiply Line a by 1.5% (.015)**.
Stop here and write this amount on Line 8 of the order-invoice. e _____

- f **Subtract Line b from \$3,000,000.** f _____
- g **Subtract \$3,000,000 from Line c.** g _____
- h **Multiply Line f by 1.75% (.0175).** h _____
- i **Multiply Line g by 1.5% (.015).** i _____
- j **Add Line h and Line i.**
Stop here and write this amount on Line 8 of the order-invoice. j _____