Cigarette Floor Stock Tax Return

Station no. 268

Step 1: Identify your business	Do not wite above the mile.
1 Business name:	_3 Account ID:
2 Address:	4 License no.:
	If your license number begins with a "U", check the box. Official use: Out-of-State Cigarette Use Tax Station no. 269
Step 2: Determine if you are subject to the tax	Column A Column B Number of Number of packages of 20 packages of 25
 6 Enter the total number of stamps purchased in 2018. 7 Figure your average monthly stamps purchased by dividing L and Line 6 Column B by 12. Enter the result. 8 Enter the number of affixed and unaffixed stamps possessed* on 9 Subtract Line 7 Column A from Line 8 Column A. Enter the result subtract Line 7 Column B from Line 8 Column B. Enter the result the result is greater than zero (positive), write the result and continued in the result is zero or less (negative) in Line 9 Column at this number must include any stamps from orders submitted electrons June 30, 2019, regardless of whether the stamps are physically in year 	July 1, 2019. 8 ult in Column A. ult in Column B. 9 ontinue to Step 3. A and Column B, skip Steps 3 and 4. Go to Step 5. onically using the prior tax rate on or before 11:59 P.M.,
Step 3: Figure your tax 10a Multiply Line 9 Column A by \$1.00 (rate of tax increase per 10b Multiply Line 9 Column B by \$1.25 (rate of tax increase per 11 Add Lines 10a and 10b. Enter the result. This is your tax due Important: If you are choosing the extended payment plan optic 12 If qualified, figure your discount by multiplying Line 11 by 1.75 13 Subtract Line 12 from Line 11. Write the result. Go to Step 5.	pack). Enter the result. pefore discount. pn, skip Lines 12 and 13 and go to Step 4. % (.0175). 10b 11 21 22 33 44 45 46 47 47 48 48 48 48 48 48 48 48
Step 4: Complete Step 4 for extended payment op 14 If you choose the payment plan option, check the box. 15 Divide Line 11 by 12. This is minimum payment due when the Additional instructions for extended payment option: Complete balance due after your first payment is greater than \$5,000, you Information Statement for Businesses. Submit these completed for the payment option is greater than \$5,000.	his return has been processed. 15 ete Form CPP-1, Payment Installment Plan Request. If your must also complete Form EG-13-B, Financial and Other orms with Form RC-50 to the address listed below. Once we
Step 5: Sign below Under penalties of perjury, I state that I have examined this retur complete. I hereby authorize the Illinois Department of Revenue purchase of cigarette tax stamps against the bank account that we the authority to authorize this transfer.	n and, to the best of my knowledge, it is true, correct, and (IDOR) to electronically initiate a funds transfer as payment for
Signature (taxpayer's or paid preparer's) Date	Title (if applicable)
Signature (paid preparer, if applicable)	Taxpayer's phone number
Email your completed return to REV.ATP-MFR@illinois.gov	If you have questions, call 217 782-6045.

Note: If tax is due, IDOR will initiate an ACH Debit to collect against the bank account that was designated for the purchase of cigarette tax stamps.