REV 01 FORM 437 E S __/__/__

Do not write above this line.

Amended Cigarette and Little Cigar Revenue Return

			′	-
turn	NS	DP	CA	

Station no. 065

Read this information first

Do	not send any payment with Form RC-6-X. Attach all necessary schedules and h	keep	a copy	for your red	cords.	
Ste	ep 1: Identify your business					
	1 Account ID:		For what tax period are you filing this return?			
			Month Year			
2	License no.: C -		WOTH	ieai		
3	Business name:	6	\square Check here if your address has changed.			
4	Business address:	7	Is this a final (you are no longer in business)			husiness)
•	Number and street	•	return? ves no			
_	City State ZIP					
Ste	ep 2: Report your stock - Figures as they should have been reported					
0	Inventory of all aircrettes and little singue on bond at the beginning of the month	0			of sticks	
	Inventory of all cigarettes and little cigars on hand at the beginning of the month Cigarettes and little cigars purchased during the month that were:	8		7	,	J
Э	a Imported into Illinois and not stamped (Sch. CA)	9a				
	·	9b		,	,	,
	c Purchased with stamps affixed (Sch. CC)	9c		•	,	
10	Add Lines 8 through 9c. This is your beginning inventory plus purchases.	10			•	•
		11		,	•	
	Sales in interstate commerce (Sch. CD)	12			,	
13	Sales to other licensed distributors (Sch. CE)	13		, ,	,	, ,
	Other deductions (Sch. CH)	14		, ,	,	,
	Add Lines 11, 12, 13, and 14. This amount is your total deduction.	15		,	,	,
	Subtract Line 15 from Line 10. This is your inventory minus deductions.	16		,	,	·
	Cigarette and little cigar inventory on hand at the end of the month (Sch. CF, Part 2c)	17		,	,	,
	Subtract Line 17 from Line 16. This is the number of cigarettes and little cigars sold subject to tax.			,	,	,
	Multiply Line 18 by the appropriate mill rate.	19				
Ste	ep 3: Report your cigarette tax stamp usage - Figures as they shou	ıld h	ave been	reported		
20	Value of all starting are legical at the hearing of the month	20	¢		ar value	
	Value of all stamps on hand at the beginning of the month Value of unaffixed stamps transferred from another licensed distributor	20 21	•			
	Value of stamps purchased during the month (Sch. CF-1, Step 2)	22	\$ \$			
	Multiply Step 2, Line 9c by the appropriate mill rate. This is the value of stamps		Ψ			
	affixed to original packages when purchased.	23	\$			
24	Add Lines 20 thru 23. This is the value of stamps on hand at the beginning of the month <i>plus</i> purchases.		\$			
25	Value of unaffixed stamps transferred to another licensed distributor	25	\$			
	Value of stamps returned for credit	26	\$			
	Add Lines 25 and 26. This is your total deductions.	27	\$			
	Subtract Line 27 from Line 24. This is the total value of stamps to be accounted for.	28	\$			
	Value of all stamps affixed on hand at the end of the month (Sch. CF, Part 3a)	29	\$			
	Value of all stamps not affixed on hand at the end of the month (Sch. CF, Part 3b) Add Lines 29 and 30. This is the value of all stamps on hand at the end of the month.	30 31	\$			
	Subtract Line 31 from Line 28 - This is the value of affixed stamps sold during the month.		\$ \$			
	, ,	<u>52</u>	Ψ			
	ep 4: Mark the reason why you are filing an amended return					
	I made an error on a schedule or attachment.					
						·
						·
		• .	eriod was	i		·
	Other. Please explain					
Ste	ep 5: Sign below					
Und	ler penalties of periury. I state that I have examined this return and all accompanying sch	nedu	les, and, t	to the best o	f my knowled	dge, it is
true	, correct, and complete. I also state that such information is taken from the books and re-	cord	s of the b	usiness for v	which this ret	urn is filed.
	Title: ()				/_	/
Owne	Title: (nber (ir	nclude area co	ode)	Date	
	Title: ()	_			/	/
Prepa	rer's signature and title (state if individual owner, member of firm, or corporate officer title) Telephone num	ber (in	clude area co	de)	Date	

